WHEN HEALTH GOES TO WORK:
TRANSFORMING WORKPLACES INTO HEALTHY SPACES

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Abstract: This dissertation examines how "health" takes on a whole new meaning when it goes to *work*. I look at one organization, which am calling HealthCare Co., and its workplace health and wellness programs. This organization is a multi-national global organization, with over 200 operating companies that specialize in consumer health products, medical devices, and pharmaceuticals. I unpack the ways by which members of HealthCare Co.'s Corporate Health & Wellness Division (CHWD) work to design and implement the organization's workplace health and wellness programs to monitor, improve, and evaluate the state of an employee's health and wellbeing. Specifically, I look at how the Corporate Health & Wellness Division: 1) conceptualizes employee health, 2) categorizes and monitors what health *is* and what it is *not*, and, 3) how these visions, "metrics" and "strategic things" look like in practice. W*hat* is health at HealthCare Co.? *When* is it accomplished at HealthCare Co.? H*ow is health done* at HealthCare Co.? In what ways does the case of HealthCare Co. and this expanding vision of corporate wellness affect discourses of health in the U.S. more broadly? Using themes of culture, climate, and built environment to understand my observations, I conclude that HealthCare Co. works hard to integrate overall health and wellness into the work environment. I conclude that **i**f work also becomes about maintaining your health, then *work never ends*.

BIOGRAPHICAL SKETCH

Jessica Polk completed her undergraduate degree in communications for the Annenberg School for Communication and Journalism at the University of Southern California (USC). After graduating, Jessica worked as a marketer in the healthcare industry. She received her Master of Arts degree in Communication, Culture and Technology at Georgetown University, where her research focused on science and technology studies (STS), lay and patient expertise and online health data sharing platforms. During her time in Washington, D.C., Jessica worked with the Multicenter AIDS Cohort Study (MACS), a 30-year study, funded by the NIH, investigating AIDS and HIV among gay and bisexual men. Jessica received her PhD from the Department of Science and Technology Studies at Cornell University, with a focus on the sociology of medicine, the information sciences, digital tracking tools, and health information sharing practices. While completing her dissertation, Jessica also worked as a part-time Research Specialist at the Children's Specialized Hospital, where she supported clinical research in the area of pediatric rehabilitation.

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INTRODUCTION: HEALTH GOES TO WORK

Frank & "The Healthiest Workforce in the World"

HealthCare Co. is ensuring that by the year 2020 they're going to be the healthiest workforce in the world. Not just in the United States, but in the world. It's a reach but they're pretty much on it. Every 5 years they have different metrics to lean on—always trying to advance […]
Our role is to get you to move more, eat better, and work better.
It's just this strategic thing.

-Frank, personal communication, 18 May 2017

I met Frank in the summer of 2017. He is a "wellness professional," contracted by a large global healthcare organization, which I will refer to as HealthCare Co. His job is to help deliver health and wellness resources and services to the company's employee populations as part of HealthCare Co.'s workplace health and wellness programs. HealthCare Co. is a multi-national global organization, with over 200 operating companies across the United States (U.S.), and abroad. The organization specializes in consumer health products, medical devices, and pharmaceuticals. Given its size, as well as a CEO with a mission to have the "healthiest workforce in the world," HealthCare Co. has many "Franks." They range in age and gender, have degrees and backgrounds in areas such as the exercise sciences, physical therapy, or nutrition and dietetics. Wellness professionals also hold a variety of specialty certifications that allow them to work as personal trainers, life coaches and health and wellness educators and promoters. While Frank and his colleagues are contractors, and therefore, not HealthCare Co. employees, they play an integral role in the organization. HealthCare Co. employees position the role of wellness professionals at the organization not only in mobilizing its health and wellness programs, but also in facilitating and reinforcing an organizational "culture, climate and built environment" designed around employee health and overall wellbeing

(HealthCare Co. employee, personal communication, 3 March 2017). They are "the foot soldiers" (HealthCare Co. employee, personal communication, 11 May 2017). Wellness professionals directly interact with and build individual relationships with employees every day of the workweek—whether it is during a personal training session in onsite fitness centers or at the cafeteria during a promotional health event (e.g. healthy eating strategies). To use Frank's words, the CEO's mission is in fact a very "strategic thing." It sets in motion a set of norms and values, policies and practices, and "sociomaterial assemblages" (Latour, 1999). These assemblages and arrangement of things, people, technology, and infrastructures mutually shape and influence how employee health and wellness is done in practice. My approach to understanding the design of HealthCare Co.'s employee health and wellness programs and their effort to encourage employees to adopt healthy, healthier, or even the "healthiest" behaviors borrows inspiration from Natasha Dow Schüll's (2012) examination of machine gambling addiction. Healthy employees "emerge out of dynamic interactions" between policies to foster health and wellness programs, the work of wellness professionals, "the design intentions, values and methods" of key stakeholders, and organizational "environments and technologies" (Schüll, 2012, p. 21). *By design* HealthCare Co.'s organizational vision of health and wellness constructs not only what it means to be healthy (or unhealthy), well (or unwell), but also what it means to be an employee. In turn, employees' health behaviors, and participation (or non-participation) in these programs simultaneously shape and reshape the organization itself: the design of its workplace health and wellness programs, its built environment, its corporate culture, norms, and its long-term viability as a business (e.g. cost savings, productivity levels, and employee retention). In other words, my research is oriented to describing how the construct of "healthy employees" simultaneously works to impact the lives of employees while also reconfiguring HealthCare Co. as an organization. Is HealthCare Co. only as healthy as its employees?

This dissertation examines how "health" takes on a whole new meaning when it goes to *work*. I look at one organization, which I have renamed HealthCare Co., and its workplace health and wellness programs. This organization is a multi-national global organization, with over 200 operating companies that specialize in consumer health products, medical devices, and pharmaceuticals. Given the range of products and services HealthCare Co. provides, there is a diverse range of employee populations. There is corporate and office-based work, research and development (R&D), which can involve lab and bench-based work, as well as manufacturing plants and factory settings. I unpack the ways by which members of HealthCare Co.'s Corporate Health & Wellness Division (CHWD) work to design and implement the organization's workplace health and wellness programs to monitor, improve, and evaluate the state of an employee's health and wellbeing. Specifically, I look at how the Corporate Health & Wellness Division: 1) conceptualizes employee health, 2) categorizes and monitors what health *is* and what it is *not*, and, 3) how these visions, "metrics" and "strategic things" (as referenced to by Frank) look like in practice. W*hat* is health at HealthCare Co.? *When* is it accomplished at HealthCare Co.? H*ow is health done* at HealthCare Co.? As, Jeremy, one of the directors in the Corporate Health & Wellness Division explained, "we're thinking about health as a *journey* today" and "a journey whereby you fuel your own physical, mental, and emotional wellbeing" (emphasis added, personal communication, 3 March 2017). As such, in what ways does the case of HealthCare Co. and this expanding vision of corporate wellness affect discourses of health in the U.S. more broadly? **If work also becomes about maintaining your health (and health is a "journey"), then *work never ends*.**

This introduction is organized into four specific sections that each situate and contextualize the chapters to follow. *The first section* gives a brief overview of workplace health and wellness programs in the U.S.—focusing on what they are, their initial uptake in

the 1970s and 1980s, the current role these programs play in corporate America today, and employers' motivations for implementing them. *The second section* looks to literature in the area of science and technology studies (STS) and how workplace health and wellness programs, and specifically the ones at HealthCare Co., work as forms of: 1) "objective self-fashioning" (Downey & Dumit, 1997, p. 17; Dumit, 2012); 2) "coercive accountability," audit and surveillance, control and discipline by way of the use of measurements, data collection, and evaluation practices of (Foucault, 1977; Foucault & Hurley, 1978; Foucault et al., 2009; Pels, 2000; Power, 1997; Shore & Wright, 1999, 2000, 2015b, 2015a; Strathern, 2000); and, 3) strategic processes of design that shape health and wellness, the workplace environment, and the nature of organizational life (Schüll, 2012). *The third section* addresses my methodological approaches to producing a corporate ethnography of HealthCare Co. My methods were shaped by HealthCare Co.'s organizational culture, which not only influenced the nature of questions that I could ask during fieldwork, but also changed the nature of my project.

I will *conclude* by elaborating on the central questions that will be raised throughout the four sections listed above. The following list provides a brief overview of these questions:

- First, what is the work that goes into conceptualizing health and what it means to be a "healthy employee"? How do these programs encourage employees to take the health information provided to them by their employers as "facts" about their own health and lifestyle, as well as their status as employees?
- Second, how do workplace health and wellness programs change what it means to be an employee at an organization committed to fostering a "culture of health" (a term repeatedly used by my actors)? In what ways do "healthy employees" shape the organization itself—its values, its image, and its bottom line?

- Third, what is the work that goes in measuring and "accomplishing" health in practice by way of traditional health and wellness resources (such as onsite fitness centers and annual Health Risk Assessments) and digital tracking tools (such as Fitbits, weight management apps or digital health coaching)? To be "productive" within the organization, employees are persuaded to act in accordance with the CEO's vision of health, follow the behaviors of peers and colleagues, and change their everyday health behaviors. For instance, the increase in number of steps employees take in a given day to meet the goals set forth by their employers. In what ways do audit, surveillance, control, and discipline within the organization by way of these programs engender employees' self-management of their health and feedback loops to encourage continuous and ever-changing forms of self-discipline?
- Finally, how do these programs blur the lines between "work" and "home," the "professional" and the "personal"?

An ethnographic exploration of these questions adds to STS research, the sociology of health, audit and evaluation literature, and workplace studies by providing an inside view of health and wellness in a large corporation. A large body of work examines employees' experiences with or perspectives on workplace health and wellness programs (Hauck & Chard, 2009; Kronenfeld, Jackson, Davis, & Blair, 1988; McCleary et al., 2017; Zoller, 2004). This, however, is not the main goal of this dissertation. Rather, my research focuses on *the work* that goes into the design, implementation, and evaluation practices of workplace health and wellness programs. By focusing on the actors responsible for employee health (such as the Corporate Health & Wellness Division), my research presents a deeper understanding of *employee-health-and-wellness-in-practice*: how design intentions of the health and wellness programs play out on the ground. With this focus, the research brings to the fore broader

implications surrounding health—and healthcare services in general—and the ways corporate health management changes the very nature of organizational life and work.

Health in and of itself is work, and maintaining one's health takes work. It requires compliance to specific medication regimes, or a change in lifestyle (Corbin & Strauss, 1985; Ferzacca, 2000; McCoy, 2009; Mol, 2009; Silvester, Weiten, Graff, Walker, & Duerksen, 2016). Adding health to an employee's workload takes even more work. *When health goes to work, becomes a part of your work, and takes work to manage and maintain, then work inevitably follows you home.* However, to understand the "what" and "how" of health in this specific context, is to first ask: "*Where is health*?"

Where is Health? An Overview of Workplace Health & Wellness Programs

For decades, health's existence as a category has shaped every facet of American life well beyond the clinic and doctors' offices. We confront "health" in a variety of places and spaces. We see it in grocery stores, with healthy food options clearly marked and organized together in special sections of the market, with high price tags to match. We see it on city streets, with the use of bike sharing services growing around the U.S. to totals reaching "35 million trips" in 2017, representing a 25% increase from 2016 (The National Association of City Transportation Officials- NACTO, 2017).[1] We see health on our smartphones, often times without even knowing it. For instance, the iPhone's HealthKit is already and automatically set up with motion sensors to capture and collect a user's health behaviors, such as steps taken, flights climbed, or hours slept in a given day. As Schüll notes, we see health in "the aisles of Best Buy and Walmart […] abundantly stocked with gadgets designed to record

[1] While there are multiple agendas behind the implementation of bike sharing programs—congestion being one—research does indicate that an increase in bike use leads to certain health benefits including an increase in physical activity and a reduction in greenhouse gas emissions (de Hartog, Boogaard, Nijland, & Hoek, 2010; Maizlish et al., 2013; Rojas-Rueda, De Nazelle, Tainio, & Nieuwenhuijsen, 2011; Rydin et al., 2012; Please see: Woodcock, Tainio, Cheshire, O'Brien, & Goodman, 2014).

personal metrics," and online with endless amounts of downloadable apps to track our most mundane of daily activities (Schüll, 2016b, p. 198). We also see health on people's wrists, ranging from the traditional rubber banded Fitbits to more upscale offerings such as the Apple Watch Hermès Collection. But, beyond stores, streets, phones, and wrists, you might also see health *at* work *in* work, while you are *working*…at your job.

Workplace Health and Wellness Programs in the U.S.: The Past & Present.

Health and wellness programs range in size, offerings, and complexity (e.g. the tools, resources, and company departments involved in these initiatives). They can include such services as: onsite fitness centers or access to local facilities, such as the YMCA, weight management tools and programs, such as Weightwatchers, nutrition education events, and onsite health clinics. While there are many motivations for employers to implement these employee services, health and wellness programs are designed to combat the most prevalent and "modifiable" health risks among an employee population (e.g. obesity, hypertension, diabetes, inactivity, and diet). The risks are considered "modifiable" in that they can be prevented, and they are often associated with individual lifestyle behaviors. Behavior modification is a key component of workplace health and wellness programs, with organizations attempting to replace employees' unhealthy habits with healthy everyday routines. The goal is to "nudge" employees into making healthy choices (Thaler & Sunstein, 2008; Thaler, Sunstein, & Balz, 2014). The use of the term "nudge" emerged throughout my conversations and interactions with the Corporate Health & Wellness Division. They would reference behavioral scientists like B.J. Fogg and his "small steps" philosophy (Fogg, 2009, 2013; Fogg & Hreha, 2010); the work of psychologists like Scott Rigby, who leverages technology and game mechanics to invoke employee engagement and motivation to change (Rigby & Ryan, 2018); and, the use of "choice architecture" in the organization's space design

to help employees to "improve their ability to map and hence to select options that will make them better off" (Thaler et al., 2014, p. 21).

The inclusion of digital tracking technologies (such as Fitbits) into workplace health and wellness programs now provide employers with new opportunities to track employees' health behaviors, and leverage gamification techniques. Gamification applies game-like activities to tasks, situations or contexts that are not typically viewed as engaging or motivating. These techniques include such things as "built-in reward or docking systems, so that badges, points or real money can be collected or paid for if various commitments—to regular exercise or weight-loss goals, for example—are either met or unmet" and they can also include more competitive components where "one's metrics can be compared competitively against those uploaded by other users" (Lupton, 2016, p. 24). As later chapters will highlight, HealthCare Co. uses these gamification techniques to make self-tracking and health "fun," "a part of your day," and a way to "infiltrate how people are living today" (director, CHWD, personal communication, 3 March 2017).

Workplace health programs in the U.S. have a long history—taking off in the mid to late 1970s, and peaking in the 1980s (Abraham & White, 2017; Ball, 2010; Conrad, 1987, 1988b, 1988a, 1994; Crawford, 1980; Cropanzano & Wright, 2001; DeJoy & Southern, 1993; Gavin & Mason, 2004; Gochfeld, 2005; Kotarba & Bentley, 1988; Maravelias & Holmqvist, 2016; McGillivray, 2005; O'Neill, 2017; Rucker, 2018; Till, 2018). Starting in the 1960s, the "healthism movement" emerged as a critique of American medicine and the healthcare system at large—"treating individuals' ill-health while disregarding the social-material context, where allegedly, the causes of ill-health were to be found" (Maravelias, 2016, p. 6). As a movement, its proponents believed that healthism "offer[ed] individuals a path to an allegedly better and healthier self" and "saw health as intertwined with individuals' liberation from dependency upon medical authorities, state and capital, a liberation, which ultimately was based on

individuals' self-governing abilities and motivation" (Maravelias, 2016, p. 6). However, what started as a form of "liberation," ultimately became a new form of medicalization. The medical community leveraged healthism by positioning "the problem of health and disease at the level of the individual […] By elevating health to a super value, a metaphor for all that is good in life, healthism reinforces the privatization of the struggle for generalized well-being" (Crawford, 1980, p. 365). This repurposing of health puts the responsibility on the individual—it is the lifestyle choices and behaviors of the individual that impacts his/her health and overall wellbeing. That is, health management becomes less about public health programs or the health of the broader population and more about individual self-care and responsibility (Bazylevych, 2011).

Public health discourse still plays a role in how organizations view the value of offering employee health and wellness services. For example, many members of HealthCare Co.'s Corporate Health & Wellness Division do view their employee health and wellness services as a form of population health. As Sheri, one of the directors in the Corporate Health & Wellness Division explained:

> I was fascinated by the possibilities that we could do inside of the private sector—the *possibility to achieve population health* but through the workplace. I was seeing healthy people, but we could actually make them healthier. Or we could fix some problems and actually change some habits. And, they *would go back and change their family's lives* and their community and then we could even change the city, the society. So, that is my public health background talking […] Employee health can also impact the work itself, productivity, how that company is going to produce and innovate, and the success of that company. And then, *the success of the company would be the success of that city, and the economy is going to grow, and we know that economic growth can also impact population health* (personal communication, 15 February 2018).

Sheri sees the workplace as a space of possibilities—a "fascinating" way to contribute to the health of a given population. She sees the possibility for employees and the organization to facilitate a domino effect. Changing an employee's health behaviors within the workplace and

providing tools (such as digital or mobile health management apps) can inevitably bleed into their home life. For example, if an employee is participating in a weight loss challenge and using a company-provided calorie counter to track his/her diet, there is a chance that the food prepared at home might change consequently impacting the entire family's eating behaviors.

Additionally, as Sheri notes, an employee's health can also influence the health of their work (e.g. productivity). The company's bottom line is not only good for business it is good for community health. The value of health and wellness at work is often related to the value of healthy work itself: reduced absenteeism, sick-days, and increased productivity and engagement levels. Furthermore, "based on human capital theory and neoliberal models of subjectivity that emphasize personal control and responsibility, these programs treat wellness as a lifestyle that employees must be cajoled into adopting, extending the workplace not only into the home but into the bodies of workers, and entrenching the view that one belongs to one's workplace" (Hull & Pasquale, 2018, p. 190). HealthCare Co. is a unique case in that it is a company that sells health and wellness to consumers, patients, and medical professionals. In fact, many of the programs they offer to employees are products they eventually sell to the public. Employees are users, beta testers, and ultimately promoters of these services. As such, these programs present an example of a company that "practices what it preaches."

Nevertheless, positioning these programs as a form of public health does not take the individual out of the equation. For instance, organizations leveraged the "healthism movement" of the 1960s "not only a new way of battling work related health costs, but also a way of shifting focus in the search for the causes and responsibilities of ill-health from the employer and the conditions surrounding work to the individual and the lifestyle the individual chooses" (Maravelias, 2016, p. 6). Health risks targeted in workplace health and wellness programs were (and still are) largely considered preventable, attributing the main cause of these risks to an individual's unhealthy lifestyle behaviors and choices. For instance,

your high blood pressure is a result of an unhealthy diet, a choice not to exercise, or an inability to manage stress effectively. In later chapters, I will address how HealthCare Co. vacillates between health as individual lifestyle choices and the ways health is impacted by work-related pressures.

In the past, these programs were traditionally considered separate and distinct from occupational health services—with occupational health focusing on worksite related injuries and preventative safety measures (Feltner et al., 2016, p. 262). In the 1970s, for instance, the U.S. government established the Occupational Safety and Health Administration (OSHA)—responsible for safeguarding "workers from disease and disability" as a result of the workplace itself (Conrad, 1987, p. 266). To use the example of high blood pressure again, a lack of exercise or mounting stress was not considered a result of the workplace environment itself; and therefore, not the responsibility of occupational health services. In the mid-1970s and into the 1980s, employers began to consider employees' general health and wellness. Health promotion programs, however, were generally "uninterested in the traditional concerns of occupational health and safety" (Conrad, 1987, p. 266). An interest in employees' physical health and their overall wellness "emerged as a manifestation of the growing national interest in disease prevention and health promotion" (Conrad, 1987, p. 255). Surveys conducted in the 1980s reported an increase in workplace health promotion services in U.S. organizations—with 21% in place according to a 1983 study and up to 38% percent as reported in a 1985 report from the Business Roundtable Task Force on Health (Conrad, 1987, p. 257).

By 2011, however, the U.S. government began to view occupational health and health promotion as two sides of the same coin. The "Total Worker Health Program" (TWH), established by the Centers for Disease Control and Prevention's (CDC) National Institute for Occupational Safety and Health (NIOSH), worked to "integrate approaches to worker health and safety" that protect workers from "'work-related safety and health hazards with promotion

of injury and illness prevention efforts to advance worker well-being'" (Feltner et al., 2016). Today, over two-thirds of U.S.-based companies offer their employees some type of health and wellness program (Ajunwa, 2017). As of 2018, workplace health and wellness in the U.S. amounts to an $8 billion industry—a substantial increase from $1.8 billion in 2011—with 82% of large organizations and 53% of small businesses offering some form of health and wellness services in 2018 (Pollitz & Rae, 2016; Song & Baicker, 2019). There is an extensive amount of research examining whether or not these programs actually work—not only from a cost savings standpoint, but from a health outcomes perspective (Goetzel et al., 2014, 2012; Hollander & Lengermann, 1988; Mattke et al., 2013; McCleary et al., 2017; Soler et al., 2010; Song & Baicker, 2019). The results of these studies are mixed. Then, why do workplace health and wellness programs continue to grow in scope and size?

Benefits to the Organization: Why Healthy Employees Matter

Gordon Hull and Frank Pasqual argue that "in the U.S., 'employee wellness' programs are increasingly attached to employer-provided health insurance […] At the same time, their selective endorsement of health programs (many scientifically unsupported) produce a social truth of wellness framed as fitness for work" (Hull & Pasquale, 2018, p. 190). The return on *value* (ROV) or "value-of-investment" for companies is often worth the price (Ozminkowski et al., 2016). For instance, Harrison, a manager at HealthCareTools Inc., a HealthCare Co. operating company, used the example of a hospital and the cost of nurse turnover and burnout. "We think more about the value proposition of a solution or intervention […] less about ROI, and more around cost-savings maybe to the hospital, where it costs x amount of dollars to replace a nurse because of the turnover and training and time needed to catch the new nurse up to speed" (Harrison, personal communication, 12 July 2017). The return on value of workplace health and wellness programs can also include how these employee services positively influence the overall image of the company itself, not only in the number of

employees who stay at the company ("if a company like this is willing to invest in me, I'm going to stick around") but also the number of employees a company can successfully recruit (manager, CHWD, personal communication, 26 June 2017).

The Obama administration's Affordable Care Act (ACA) also helped motivate employers to act. On June 15th, 2009 former President Barack Obama delivered a speech on healthcare reform to the American Medical Association (AMA) in Chicago. During this speech, he emphasized: "Building a healthcare system that promotes prevention rather than just managing diseases will require *all of us to do our parts*" (emphasis added, Speech to the AMA in Chicago, 15 June 2009, The Obama White House & President Barack Obama, 2009). Included in "all of us" were employers:

> It will take employers following the example of places like Safeway that is rewarding workers for taking better care of their health, while reducing healthcare costs in the process. If you're one of three quarters of Safeway workers enrolled in their 'Healthy Measures' program you can get screened for problems like high cholesterol or high blood pressure and if you score well, you can pay lower premiums. You get more money in your paycheck. It's a program that has helped Safeway cut healthcare spending by thirteen percent and workers save over twenty percent on their premiums (Speech to the AMA in Chicago, 15 June 2009, The Obama White House & President Barack Obama, 2009).

In response to this high appraisal, the CEO of Safeway, Steven Burd, wrote an op-ed for *The Wall Street Journal*. He described the organization's approach to employee health much like the auto-insurance industry: "The auto-insurance industry has long recognized the role of *personal responsibility*. As a result, *bad behaviors* (like speeding, tickets for failure to follow the rules of the road, and frequency of accidents) are considered when establishing insurance premiums. Bad driver premiums are not subsidized by the *good* driver premiums" (emphasis

added, Burd, 2009).[2] In the context of health insurance, healthy employees should not have to pay higher premiums for the costs associated with unhealthy employees.

Burd's use of the terms "personal responsibility," "good," and "bad" are important to unpack. The example of Safeway's "Healthy Measures" program highlights four key themes, which resonate with my own research: 1) "measures," measurement, evaluations, numbers, rules and outcome metrics are essential in not only conceptualizing how healthy or unhealthy a company deems an employee, but also in implementing health and wellness resources, programs and services (including insurance) to its employee populations; 2) "personal responsibility"—that employees need to take ownership of their health, and learn ways and apply techniques to change, modify and monitor their lifestyle health behaviors; and 3) normative messages around health *behavior*. The use of good, better, average, bad impacts the "healthiest" scale, and it represents what Peter Conrad refers to as the "moralizing of health." Health becomes "based on individual responsibility for health, by which character and moral worth are judged" (Conrad, 1994, p. 267). The gadgets you find at Best Buy, and the multiple downloadable health apps on the Internet do much more than just "monitor *behavior*" and recommend ways on "'how you *migh*t change'" (Schüll, 2016b, p. 198). Shüll's use of the words, "behavior" and "*might* change," are important features of living a healthy life. "How you might change" is more often than not synonymous with how you *should* and *ought* to change your health lifestyle. For employers, behavior change is what transforms an unhealthy habit, into a healthy everyday routine.

Focusing on modifying employee behavior change is the pathway for organizations like HealthCare Co. to reach the mission of the "healthiest workforce" (Frank, personal

[2] Burd's comparison of employee health with the auto-insurance industry is not to be missed either. The automobile industry has a long history when it comes to its employees, especially as it relates to productivity, with the work of Fredrick Taylor and Henry Fords' assembly line time studies as just one example (O'Neill, 2017).

communication, 18 May 2017). However, changing health behaviors takes more than just showing and providing people with resources that "might" help them break unhealthy habits. It is also about encouraging or rather, persuading people that they should, ought, and are responsible for making those changes. As one member of the Corporate Health & Wellness Division explained it, their role is more than just providing employees with information so that they "know their numbers," it is about "empowering them" to actually "do something with it" (personal communication, 9 March 2017).

A Review of the Literature: Opening Space for Health in the Workplace

This section provides an outline of scholarship that speaks to the themes and questions emerging from my fieldwork. First, how do corporate workplace health and wellness programs work as forms of "objective self-fashioning" (Dumit, 2012)? Second, how do these programs "by design" strategically construct employee health and wellness (Schüll, 2012)? Third, how does the use of measurements, data collection, and evaluation practices create new forms of "coercive accountability" (Shore & Wright, 2000, p. 57)? The self-management of employee health leads to "new norms of conduct and professional behaviors," "new kinds of subjectivity," and a way by which employees begin to self-manage or track their health, making it not only auditable, but also moldable (Shore & Wright, 2000, p. 57). Fourth, in what ways does self-management and feedback loops encourage audit, surveillance, control, and discipline to meet new forms of work productivity and commitment to the organization?

Workplace Health & Wellness Meets "Objective Self-Fashioning"

In *Drugs for Life*, Joseph Dumit (2012) looks into the ways by which this pharmaceutical company's position, reposition and package 'health' as a moving target. In this new paradigm of health(care), 'health' is the exception—never truly obtained—and in a state of constant flux. 'Health' is at risk and must be continuously regained, maintained, and

managed through chronic management in the form of preventative (or risk reducing) drug treatment. Thus, most people are positioned as inherently ill or at least at risk for being ill, and it is the feeling of being "healthy" (not the feeling of being "sick") that is temporary (Dumit, 2012, p. 7). Disease becomes the 'norm' and notions of risk and prevention society's mantra: "being healthy has come to mean spending more and more time, energy, attention, money, and side effects with medicine […] A traditional view of health sees medicine as being needed when one is ill, and as not being needed or taken when one is healthy. But if you are reducing your risk by taking a cholesterol pill every day, are you healthy or sick?" (Dumit, 2012, pp. 199, 204).

Risk becomes a central feature in encouraging "chronicity," the once 'clear' distinction between a 'healthy' body and one that is 'unhealthy,' or ill, has become quite blurry (Dumit, 2012, p. 6). The old health(care) paradigm—driven and initiated by a patient's experience of a disease's symptoms (illness)—grounds itself on the premise that most individuals are inherently healthy. Illness is temporary and disease treatable: a patient regains his/her 'health' via a specific treatment plan. With the exception of chronic diseases, such as diabetes, whereby continual treatment is necessary (i.e. insulin injections), an individual's disease and illness have an end date. Thus, with the help of medication, normal healthy life can—and for the most part, will inevitably—be resumed.

With "objective self-fashioning," Dumit looks at the ways by which "facts-in-the-world" about health influence how individuals' construct their identities and notions of self-hood. In the context of workplace health and wellness programs, health "facts-in-the-organization" become incorporated into the corporate culture (Downey & Dumit, 1997, p. 17; Dumit, 2012). In the context of the workplace, health "facts-in-the-organization" become incorporated into the corporate culture and inevitably travel outside of the organization. Employees take the health information provided to them by their employers as "facts" about

their own health and lifestyle, as well as their status as employees. Furthermore, employees internalize organizational conceptions of employee health and wellness to the extent that they alter their everyday behaviors and routines. For example, increasing the number of steps taken in a given day in order to meet the goals set forth by the organization.

While Dumit is specifically talking about prescription medications and the ways by which pharmaceutical companies shape what it means to be healthy or at risk of being unhealthy, in the context of HealthCare Co.'s employee health and wellness programs being "healthy" is constantly positioned as being "healthier." For instance, the promotional materials scattered throughout the organization not only advertise the health and wellness services available to employees, they also encourage employees to "stay connected to your health every day" and be "better" when it comes to their health—as if you are not doing enough. For instance, a flyer promoting the organization's global step challenges, states: "It's time for a little healthy competition," and "An amazing opportunity to be *better*, together." The services are not the primary focus of these internal advertising campaigns. They played supporting roles to "you," the employee. Together, these phrases are not just about "health" and "wellness" per se, but *health-and-wellness-in-action*, and what employees *could*, *should*, and *ought* to do about managing their health.

The most common health *risks* identified among HealthCare Co.'s employee populations are largely lifestyle-based risks—risks such as high-blood pressure, diabetes, obesity, and mental health. Many of these risks can be treated by the very drugs Dumit discusses—drugs that can be taken over the course of an individual's life, every day. For HealthCare Co., pharmaceutical interventions are not directly promoted or included in their health and wellness services. These risks are treated by way of company-based activities and programs that task employees to take ownership in managing their health via lifestyle behaviors. Furthermore, employee health management at HealthCare Co. is not a story of

"drugs for life." Rather, the organization targets a specific audience with a comprehensive plan and set of strategies for self-management. As George, one director in the Corporate Health & Wellness Division, put it: "When you suddenly get enough people doing a behavior that nudges the people that are not doing it to suddenly say: 'Oh, I better start joining in to be part of it'" (personal communication, 10 March 2017). As such, employees begin to act in ways their colleagues do—shaping their everyday behaviors at (and outside) of work to be a "part of" the "healthiest workforce." If health is positioned as something that is constantly at risk, and thus, needs to be managed and controlled in an individual's every day, how are individual's being held accountable for their health? Within a company-sponsored health and wellness program, participation counts and is indeed accounted for.

Workplace Health & Wellness Meets "Accountability" & "Audit"

Marilyn Strathern in her edited volume (Strathern, 2000) proposes "audit cultures" and "an anthropological enquiry into […] new ways of practicing, or performing, 'accountability'" as a new field of study for anthropology (Strathern, 2000, p. 2). Of concern for Strathern and her contributors is to highlight, and at times be critical of, "the social processes" that audit regimes put into place. In the university setting, the very implementation of "audit practices which have become widely institutionalized endorse a quite particular approach to knowledge" (Strathern, 2000, p. 285). Within this edited volume, Cris Shore and Susan Wright (2000) introduce "coercive accountability." Grounding their analysis in Foucault's notion of governmentality and discipline, Shore and Wright emphasize how "seemingly dull, routine and bureaucratic practices often have profound effects on social life" and are in fact "instruments for new forms of governance and control" (Shore & Wright, 2000, p. 57). However, it is "the self-managing individuals who render themselves auditable" and the "new kinds of subjectivity" they produce that concern Shore and Wright the most.

In the context of HealthCare Co., the use of trackers, for instance, make health and healthy behaviors "visible." According to Rachel, a manager in the Corporate Health & Wellness Division, "People see it on your wrist and there's a little bit of peer pressure to say: 'Hey, how many steps did you get? I got this many.' And people bring it up in meetings" (personal communication, 9 March 2017). By making steps, visible and numerical, employees are held accountable to themselves and others in terms of the extent to which they are moving. Asking others "how many steps did you get?" inevitably implies "did you get more than me?" or "Am I doing better or worse?" Something as routine and mundane as the number of steps you take in a day, does in fact have "profound effects on social life" at the organization. "The discourse of audit has become a vehicle for changing the way people relate to the workplace, to authority, to each other and, most importantly, to themselves (Shore &Wright 1997). In this respect, it is interesting to note how themes of empowerment and self-actualization are stressed as guiding principles underlying the logic of audit" (Shore & Wright, 1999, p. 559). Furthermore, by way of numbers, steps become a way by which, as Theodore Porter (1995) put it, act as a means by which individuals come to display the objectivity of their work—a way to manifest and justify positions of power.

Another example would be HealthCare Co.'s annual (and voluntary)[3] Health Risk Assessments (HRAs), which consist of a two-part screening process: 1) A *self-reported digital questionnaire* assessing employees' health and lifestyle behaviors; and, 2) A *biometric screening* and blood test analysis. Based on the aggregate results of the Health Risk Assessment, the Corporate Health & Wellness Division tailors its programs to target the most prevalent and predominant risks. When speaking with Harrison, he explained that the screenings provide "a formal, regular capture of data to help drive where [a company is] spending [their] calories so to speak when it comes to health promotion and [their]

population" (Harrison, personal interview, 2017 July 2017). In this sense, the Health Risk Assessment not only identifies health risks, but it also provides insight into whether or not health and wellness programs worked over the course of a year. As Michael Power would describe it, Health Risk Assessments act like a "control of controls," whereby the auditing system, and in this case the Health Risk Assessment accessing employee health risks, becomes the primary auditable object" (Power, 1997, p. 20). This works in three ways. First, it validates or evaluates the Corporate Health & Wellness Division's employee health and wellness efforts (e.g. the success of a particular program). Second, it highlights and measures the work conducted by HealthCare Co.'s wellness teams—the campus leads, site leads, nurses, and wellness professionals—tasked with promoting and delivering services and resources directly to employees. And, third, the Health Risk Assessment provides employees with a tangible report on the extent to which they have changed certain unhealthy behaviors (e.g. they have lost weight, or their cholesterol levels have lowered over a given year).

If accounting for health, makes HealthCare Co. an organization committed to employee health, how and in what ways is health and wellness designed so that it can be worthy of counting?

Health by Design: On Environment, Technology & Relational Interactions

In *Addiction by Design: Machine Gambling in Las Vegas* (2012) Natasha Dow Schüll looks at the way in which machine gambling addiction is made by design and as a result of the interplay between gamblers, machine designers, technologies, and the architecture and management of the casino environment. She explains her approach as a "close examination" of "how addiction to gambling machines emerges out of the dynamic interactions between machine gamblers and the design intentions, values, and methods of commercial gambling environments and technologies" (Schüll, 2012, p. 21). Schüll highlights the tensions between addiction as an individual problem or responsibility, and addiction as a product of human-

machine and environmental relations. Machine designers not only shape the experience of machine gamblers, but gamblers (their behaviors and preferences) simultaneously influence the visons of the technology, its design, and the ways in which the machine gambling space (or environment) is made conducive for continuous play and "time-on-device." Supporting what machine gamblers refer to as "the zone," game designers and gambling executives work to make the act of gambling an uninterrupted and all-encompassing experience.

Schüll applies her actors' use of "the zone" as an analytical frame to highlight the variety of perspectives on and experiences with machine gambling and gambling addiction. For instance, in the case of machine gamblers, "the zone" represents the intertwined relationship between the gambler and the machine. One machine gambler, Mollie, described "the zone" as similar to "'being in the eye of a storm'" (quoted in Schüll, 2012, p. 2). For Mollie and other machine gamblers like her, gambling not only becomes an addiction or compulsive behavior integrated into their everyday, but it also acts as an escape from the reality of their everyday life.

It is this very notion of "the zone" that those in the machine gambling industry look to exploit—creating spaces, technologies, and incentivizing tactics (such as free hotel rooms close to a casino) as ways to keep gamblers at the machines. The techniques game designers and casino architects employ work to harness and support a gambler's "zone" for profit-based purposes. The more a gambler plays the more revenue the casino (or gambling venue) makes. Designing a casino, for instance, requires strategic placement of the machines and architectural elements (such low ceilings, placement of lighting, and the width of aisles). Together, these design practices are not only "geared to influence patrons' conduct" but their "modus operandi is to coax rather than restrain, reward rather than punish, steer rather than transform" (Schüll, 2012, p. 50).

In the context of HealthCare Co., the use of "choice architecture" (Thaler & Sunstein, 2008; Thaler et al., 2014) in the design of cafeterias is a way to "coax" employees to choose healthier food options. For instance, the placement of certain products on shelves or food stations are strategically designed to make the cafeteria a "healthy space." Hannah, a representative from HealthCare Co.'s food services vendor (FoodServices Inc.), explained her role with the cafeteria involves deciding "what kind of foods we're offering, how we are offering them […] our marketing style and how we're advertising it [the food], how we place items both in the stations and on the shelves, putting wellness items front and center. It's called 'choice architecture'" (personal communication, 3 August 2017). I saw what Hannah described during a visit to one of HealthCare Co.'s cafeterias. A wellness professional gave me a tour of the space, stopping at the beverage section to show me how the organization is reducing the number of sugary items, such as soda: "The water is at the top because that is where your eyes go […] they have a lot of water. A lot of water. Water. Water. Everywhere" (personal communication, 25 May 2017). By design the cafeteria constructs what it means to be healthy, and specifically, what employees choose to eat and drink. In this sense, like Schüll's depiction of casino design and layout, HealthCare Co. cafeterias work to encourage employees and make them "susceptible to environmental triggers, which are then supplied" (Schüll, 2012, p. 46).

"The zone" also plays a role in designing the technology behind gambling machines. "While sophisticated architectural design and ambient qualities of casino environments work to draw patrons to gambling devices, the devices themselves work to keep patrons playing" (Schüll, 2012, p. 52). Game designers, for instance, consider the amount and type of sound a machine makes over the course of a game, the colors that appear on the screen, the ergonomics behind console design, and the tactile effects of touchscreens. These game techniques are meant to facilitate a deeper human-machine connection.

These game design strategies are also used in health-related technologies. For example, HealthCare Co. uses mobile apps, and self-tracking devices (such as Fitbits) to encourage employees to "stay connected" with their health. The use of technology allows for employee health and wellness programs to travel beyond the walls of the workplace: "to infiltrate how people are living today," "to engage people with what they are already doing," and to adapt to "how people are living today," which for Jeremy is "on their phones" (personal communication, 3 March 2017). Not only do these technologies and the use of game-mechanics make health "fun," they also make health trackable and traceable. This directly feeds into the audit and surveillance literature addressed in the previous section. As Schüll aptly states: "Although interactive consumer devices are typically associated with new choices, connections, and forms of self-expression, they can also function to narrow choices, disconnect, and gain exit from the self" (Schüll, 2012, p. 13). That is, how do health and wellness programs and the use of technology promote individual choice and employee engagement with their health, while simultaneously influencing the types of choices to make and they type of employee one should strive to be?

But what connects Schüll's examination of addiction to my analysis of workplace health and wellness programs? Unlike gambling and gambling addiction, health, and efforts to help people become healthy or healthier is not typically viewed negatively. Health is generally considered a "good" thing. However, there are aspects of health management in the workplace that shed a more critical light on health, and consequently, work. There are certain assumptions about employees *built into the very design* of workplace health and wellness programs—assumptions that lead to instances of extreme behaviors and assumptions that leave certain "types" of employees out in the margins. Is workplace health and wellness about making *all* employees healthy? Or are they working to make healthy employees healthier?

Methods: Access, Approach & Acculturation

I began my research at HealthCare Co. from 2016 to 2018, conducting ethnographic fieldwork on the organization's U.S.-based workplace health and wellness programs, with onsite observations taking place at HealthCare Co.'s east coast locations. I interviewed and interacted with a variety of employees at HealthCare Co. including those who choose to participate in the health and wellness programs, as well as those who chose to opt out. However, a large amount of my fieldwork included interactions with two particular groups at the organization:

1. *Members of the Corporate Health & Wellness Division*, responsible for the strategy, design, and implementation of HealthCare Co.'s health and wellness initiatives, programs and services, and,
2. *Outside partners and contractors*, such as the wellness professionals, who help run, facilitate and deliver these programs to the organization's employee populations.

In order to understand what health looks like in an organizational setting, I focused my research on the actors involved in shaping what health means for HealthCare Co, how health is to be done at HealthCare Co., and determining when health is accomplished at HealthCare Co. This is a study on those who push health, and less about those who receive it, namely the employees themselves. While I did interview, observe and conduct focus groups with employees, they were limited in scope. I held one hour in-depth interviews with over sixty members of the Corporate Health & Wellness Division and outside contractors, including the wellness professionals, two technology firms responsible for creating HealthCare Co.'s digital health risk assessment (HRA), digital health coaching programs, and a nutrition management tool, as well as a representative from the company that provides food services to HealthCare Co.'s cafeterias and vending machines. I interviewed members across the U.S. at various HealthCare Co. sites, with my onsite observations taking place predominantly in New York, New Jersey, and the Philadelphia areas.

This research takes a grounded, actor network (ANT) approach in that I "follow-my-actors" (and actants), highlighting and unpacking as I journey through the social world that they create (Latour, 2005; Latour & Woolgar, 1979). As such, my research is organized around three conceptual frames, elements that members of HealthCare Co. use and account for in an attempt to make their employees "healthy," "healthier," and the "healthiest." However, what happens when access and roadblocks disrupt the very nature of "following the actors?"

Access

While my research officially started in October of 2016 and ended in March of 2018, it unofficially began in January 2016—when I entered the world of contract negotiations with HealthCare Co. and university lawyers. This raises some methodological caveats that are important to address when conducting an ethnography within a large corporation. Approximately, one year of my fieldwork involved a substantial amount of translation (and) boundary work, convincing HealthCare Co. leadership and lawyers alike the value of my research to the organization. In order to gain access into this organization, a contract needed to be put in place, with the assurance that:

1. I would keep the company, any participants, or proprietary information and products (including its vendors and outside partners) confidential;
2. That my access was clearly defined, with certain things made accessible and others securely black-boxed; and,
3. I would share some of my insights to the leadership team via presentations and short reports.

The organization, its products and programs I discuss, as well as all of my informants' names, titles and positions in the company have been given pseudonyms to keep them anonymous and confidential. As it relates to black-boxing, while typical for many researchers conducting ethnography, it did limit the scope of my initial research. For instance, there were certain digital health tools and technologies that I could not get full access to, and I had to rely on live demos or "dummy" accounts.

Furthermore, my interactions with HealthCare Co. employees—those receiving or participating in HealthCare Co.'s health and wellness programs were limited to onsite observations, and three focus groups. Those employees I did speak with and who are included in this research were located in office and corporate-based settings, and thus, represent a white-collar population. The perspectives of manufacturing and factory-based employees were limited to the ways in which my actors represented and described them, for instance, those wellness professionals who interact with them daily. As such, this research takes a slightly modified "follow-the-actors" approach—when one door closed, I had to find one that was open.

Nevertheless, as stated earlier, this research does not look to unpack employees' experiences of health and wellness at HealthCare Co., but rather how those who are responsible for their health envision how health and wellness services *should be experienced* and how the ways by which *they believe employees are experiencing* them.

Acculturation of the Analyst: Adopting HealthCare Co.'s Corporate Culture

> *Think of this experience as more than just your research. It's training. You are getting an MBA program.*
>
> -Martin, personal communication, 21 October 2016

On October 20th, 2017 I attended one of the Corporate Health & Wellness Division's face-to-face meetings with one of their primary technology vendors, HealthyUS Inc. HealthyUS Inc. is responsible for HealthCare Co.'s HealthyYOU digital tool, which allowed employees to access all the organization's health and wellness resources in one central location, and most importantly, on their phone. This was the first time I presented myself to the larger team, my overall research and why my proposed study would be of "value" to HealthCare Co. The next day I received less than desirable feedback from Martin, one of my

original contacts at HealthCare Co.: “You can’t use jargon because it comes off as convoluted”; “Be straight forward. No bullshit”; “Don’t: use the word ‘publishing.’ Do say: ‘for my dissertation’”; “The word “publishing” freaks people out”; “You are not without risk and you do not want to damage certain relationships”; “Be a good “butler” to your primary contact—anticipate her needs.” Harsh? Yes. Illuminating? Absolutely. Despite several meetings reviewing my presentation prior to the meeting, my slides were rife with “academic talk”—jargon that was “convoluted and “went over people’s heads.” While my dissertation would in fact be published, I had to conceal that fact. In the contract, it was agreed that the company and all informants would be kept de-identified and confidential—but maybe that was not enough? Furthermore, as a leader in workplace health and wellness programs, why wouldn’t HealthCare Co. want my findings to be known? My presence as an ethnographer was foreign to them. My “grounded approach” and semi-structured research questions a “risk” and something that was counter to the ordered and systematic way work gets done at Healthcare Co. Yes, this was indeed training, but it was more than MBA training, it was a way to get me to “adapt” and “adopt” the culture at HealthCare Co.: to use their language, present findings in graphs, charts, and numerical breakdowns, and to anticipate the needs of those I would be interacting with. Producing an ethnography of HealthCare Co.’s workplace health and wellness programs would also entail a substantial amount of translation work and acculturation along the way.

Some of this translation work is included in this introduction, where I will highlight several “artifacts” of organizational-life at HealthCare Co. that I needed to adopt in order to effectively to convey my message. For example, included in my final “insights” presentation to the Corporate Health & Wellness Division extended leadership team, I provided them with

a very specific type of "Methods" slide that included the use of pie charts and sample sizes (see Figure 1).[4]

As an analyst, I needed to talk the HealthCare talk by day, and return to my academic "jargon" by night. A balancing act that posed methodological challenges, but also gave me first-hand experience of what it means to work at HealthCare Co. and the important role the norms, values, and behaviors of this organization play in everyday work routines and relationships. This personal example also highlights how the Corporate Health & Wellness Division designs its workplace health and wellness programs—ensuring the visions of health and wellness align with the overall values of the organization itself. If these members were to successfully establish a "culture of health" in the organization, they needed to ensure it fit in with HealthCare Co.'s overall "corporate culture."

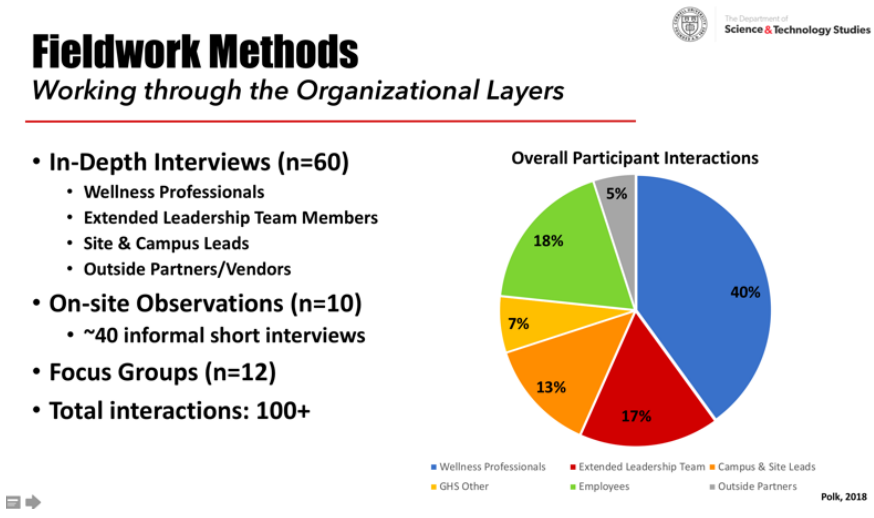

Figure 1: Making the Qualitative Quantitative

Health at HealthCare Co.: Healthy Movement, Healthy Eating, & A Healthy Mind

Every five years, the Corporate Health & Wellness division, in collaboration the organization's leadership team, set new and/or additional workplace health and wellness goals. The goals are part of a larger organization-wide health and wellness campaign. For example, in 2010 there was "HealthyEmployees 2015," and starting in 2015, "Health Initiative 2020"

[4] **Figure 1** is not meant to be read for content, but to be taken as a representation of how ethnography for and in organizations work.

launched. These campaigns are organized around the major health *risks* among HealthCare Co.'s employee populations, with inactivity, unhealthy diets, and stress (which includes mental illness such as depression) being the top three. Each "risk" is given its own "health pillar." For HealthyEmployees 2020 there are four pillars:

1. *"Healthy Movement,"* which seeks to combat sedentary behaviors and increase employees' physical activity levels. Programs underneath this pillar include (but are not limited to): global company step challenges, standing and walking workstations, and promotion of the onsite fitness centers.
2. *"Healthy Eating,"* which works to build employees' "culinary literacy" via nutrition-based educational events, digital nutrition management and calorie counting apps, as well as specific cafeteria policies (e.g. eliminating sodas, reducing portion sizes, increasing the amount of healthy food options offered).
3. *"Healthy Mind,"* which tackles stress and mental health-related issues, relies upon programs like Employee Assistance Programs (EAP), onsite counseling, mental health assessments, and digital meditation apps.
4. "Healthy Work," which in this research, I include in Healthy Mind as many of its programs and policies focus on reducing work-related stress and promote a sense of work-life balance. Practices include accounting for an employee's family, with the inclusion of HealthCare Co. Child Care Centers, lactation rooms for nursing mothers, flexible working schedules (e.g. ability to work from home certain days of the week).

While these pillars each have their own specific goals, policies and "subject matter experts," they are not meant to be viewed as separate and distinct from one another. The Corporate Health & Wellness Division ensures that the pillars are "aligned and integrated" and "not siloed" (director, CHWD, personal communication, 5 April 2017).

I take a grounded approach with this research by "following my actors" and the objects, policies, practices, and technologies involved in the work. I highlight and unpack the work of HealthCare Co.'s wellness teams as I journey through the social world they create in an attempt to make their employees "healthy," "healthier," or even the "healthiest" (Latour,

2005; Latour & Woolgar, 1979). The empirical chapters are organized around these health pillars and three analytical frames introduced by my actors: 1) organizational *culture* or the creation of a vision, set of values, and policies committed to employee health; 2) organizational *climate*, which includes coordination work between and across the organization to get the right health resources in place and people "on board,"; and 3) the organization's *built environment* that work to facilitate healthy behaviors among its employees.

In the first chapter, I unpack how health is "done" at HealthCare Co.—looking at the policies, practices, and metrics they put into place in an effort to design and construct their employee health and wellness programs. In the second chapter, I look at HealthCare Co.'s physical activity programs, like Global Step Challenges, as part of a larger process of employee health and wellness design, and in this case: "healthy movement by design." In addition to the global step challenge for which this chapter begins, I will also examine other "Healthy Movement" initiatives, such as the onsite Fitness Centers. These programs highlight the ways in which new sociotechnical arrangements of visions, people, things, and environment(s) work to construct what it means to be a "healthy" and active employee, and simultaneously, isolate those who have limited opportunity to do so. *The third chapter* examines HealthCare Co.'s "Healthy Eating" programs, like the elimination of soda, and the "Nutritious Snacking: 101" events, as part of a larger process of employee health and wellness design, and in this case: "healthy eating by design." In addition to the examples for which this chapter begins, I will also examine other "Healthy Eating" initiatives, such as nutrition management apps, and the use of "choice architecture" in their cafeterias (Thaler et al., 2014) to make HealthCare Co.'s cafeterias healthy dining spaces. The fourth chapter on HealthCare Co.'s "Healthy Mind" initiative is arguably the most intimate of the four pillars of health—getting to the core of why and how employees should care about their overall health and wellness. The initiatives examined in this chapter will show that sometimes physical aspects

of health come down to putting "mind over matter." Health and behavior change are more than just building awareness, increasing engagement, and providing educational resources, it is also about one's capacity, motivation and readiness to change; employees have to *want* to strive *to be better, stronger, healthier, happier, more productive, high-functioning, and well-balanced.* For members of the Corporate Health and Wellness Division, health is about ensuring that "it is all running well together," physically, mentally, emotionally, and spiritually.

These chapters seek to answer my four guiding research questions. First, how does this organizational conceptualize health and what it means to be a "healthy employee"? Second, do workplace health and wellness programs change what it means to be an employee, and especially, an employee at an organization committed to fostering a "culture of health"? Third, in what ways—be it traditional health and wellness resources (such as onsite fitness centers), annual health risk assessments (HRAs), and digital tracking tools—is health measured and accomplished in practice? Lastly, how do these sociotechnical arrangements of things, people, measurements, (cyber)infrastructures blur the lines between "work" and "home," the "professional" from the "personal"? If work involves managing one's health, then work never ends.

CHAPTER 1: BUILDING HEALTH AT HEALTHCARE CO.

"Connect to your health."
"Stay connected to your health every day."
-HealthCare Co. promotional flyers

I found these four phrases scribbled down in the first few pages of my field notes. They are from employee health and wellness promotional materials, advertising two distinct HealthCare Co. programs: a new digital health app, called HealthyYOU, and a global organization-wide employee step challenge. During some of my initial visits to HealthCare Co.'s headquarters, it was not hard to notice the role employee health and wellness play within the organization. You did not need to walk into one of their onsite fitness centers or health clinics to know that employee health and wellness was clearly something that mattered to this organization. There is, as many of my actors described it, a health and wellness "presence" that is "visible" and unique to HealthCare Co. Both health and wellness have a material life that flows and weaves its way throughout the organization's buildings across its various locations. I saw these words on bulletin boards and flat screen monitors mounted on the walls of the buildings' hallways. I observed them handed out like postcard-sized business cards during promotional health events. They were scattered on tables throughout the cafeteria. I even found (and read) them on flyers taped in the stalls of the ladies' restrooms. But these promotional materials were not just advertising the health and wellness services available to employees. They were largely about engagement—encouraging employees to take action, to do something about their health and "connect" to it (and quite possibly) "every day."

The services were not the main actors in these internal advertising campaigns. They played supporting roles to the lead, with "you" the employee front and center. Together, these

phrases are not just about "health" and "wellness" per se, but health-and-wellness-in-action, and what employees should, ought, and could do about (and with) their own health. They are not posed as questions: Do you want to connect to your health? Do you want to do it every day? And, are you ready for a friendly competition? Questions are different from statements—and what statements *d*o matter. They are as J.L. Austin argues "performative utterances" (Austin, 1975). The statements on some of HealthCare Co.'s promotional flyers (such as "Be better together") are examples of "perlocutionary acts," whereby the flyers' (and those who created it) are about facilitating a certain action: "what [they] bring about or achieve by saying something, such as convincing, persuading, deterring, and even, say, surprising or misleading (Austin, 1975, p. 108).

A Trip to the HealthCare Co. Museum: A History of Employee Health

In July of 2017, I visited the HealthCare Co. Museum, where, Gayle, the organization's chief historian, guided me through the space filled with artifacts, documents from and photographs of HealthCare Co. in the 19th century all the way up to the present day. These items not only told a story of early public health measures, but it also recounted the story of its employees—and the products (well-known and even used today) made by, and some of which, created by HealthCare Co. employees. Public health initiatives and providing HealthCare Co. employees with educational programs about proper hygiene occurred as early as the start of the 1900s in the U.S. As Gayle explained:

> HealthCare Co. had free educational classes for employees and we had an exam on public health […] this exam was about how to recognize the different symptoms of contagious disease, what you could treat yourself with, and when to call the doctor. And this is an age when diseases like typhoid, diphtheria, small pox, polio took a huge toll of the population every year. So, this would have been important knowledge for these employees, and they could then go share this knowledge with their families and the community (personal communication, 26 July 2017).

These public health initiatives extended to HealthCare Co. buildings and factories. HealthCare Co.'s founders wanted to ensure that its workplaces were "clean" and "sterile" environments. One of the company's first locations in the U.S. had purified water "to wash the cotton for our sterile surgical dressing that was also repurposed and used for water fountains and water coolers for employees. HealthCare Co. even had an employee swimming pool with purified water." (HealthCare Co. Chief Historian, personal communication, 26 July 2017). The founders also educated and trained employees in fire safety practices, establishing a "fire brigade" and buildings equipped with sprinklers. These measures were implemented years before the infamous 1911 Triangle Shirtwaist Company factory fire in New York City. In fact, because HealthCare Co. cotton mills posed a fire risk, the company implemented a no smoking policy— "all smoking was banned on the premises" (Gayle, personal communication, 26 July 2017). These buildings were not only designed with safety in mind, they were also purposely built to be "beautiful, pleasant places to work in" (Gayle, personal communication, 26 July 2017).

For example, one of the founders, according to Gayle, "felt that your workplace should not be an unpleasant place to be in. This was, you know, way ahead, he was way ahead of his time" (personal communication, 26 July 2017). The buildings and factories "had lots of light," and believed that "wherever you worked as an accountant or a manufacturing employee, whatever you did, you should be able to look outside and see nature. In many of the HealthCare Co. buildings, the founder made sure to have one entrance, so management and line workers didn't go in a separate entrance" (Gayle, personal communication, 26 July 2017). Along with employee safety and educational trainings, HealthCare Co. established a department focused solely on employee welfare. This department provided free onsite medical care for those employees who needed it, as well as nurses who made "house calls" when employees (or their families) were too sick to leave their homes—homes that starting in 1906,

were subsidized by the company. HealthCare Co. "took extra care in designing the employee housing communities. The area around the company homes "was beautifully landscaped to encourage *walking*" and employees also had access to "*onsite fitness facilities*" (emphasis added, personal communication, 26 July 2017). The Employee Welfare Department also made sure that those employees working during the night shifts "had free hot meals," which were even prepared by a "French chef" no less. While many companies at the time provided night shift workers with hot meals, Gayle asserted that HealthCare Co. was unique in that they did not charge employees for them. Since the original HealthCare Co. locations were based in one town, employees often socialized in and outside of work, creating a "family atmosphere" full of company sports leagues, and clubs, singing groups, and other recreational activities such as flight lessons: "We had a club where employees often rode an airplane and they learned to fly in the '40s and '50s" (Gayle, personal communication, 26 July 2017). Gayle made a point to stress that this "family atmosphere" still very much exists at HealthCare Co. today even as "a global organization."

HealthCare Co.: The Organization & Employee Health

Founded towards the end of the 19th century, HealthCare Co.'s three original founders sought to build a company committed to not only providing effective healthcare products to patients and the medical community, but it was also dedicated to the quality of life, work conditions and the welfare of its employees. HealthCare Co.'s "Mission Statement" (established in the mid-20th century) still guides the organization's core principles to this day. It is displayed on the walls of buildings throughout HealthCare Co.'s various sites, some employees even have it printed out and pinned in their cubicle, and many have memorized the statement by heart. As a manager in HealthCare Co's Corporate Health & Wellness Division explained it: "The culture at HealthCare Co. is really embedded in the Mission Statement [.] That's the philosophy from the very beginning of HealthCare Co. and it stays with us today"

(personal interview, 9 March 2017). The mission is comprised of four core values, with the second value focusing on: "Our employees, their safety and that they receive a fair return (compensated fairly, treated equally, etc.)" (Rachel, manager, CHWD, personal interview, 9 March 2017). That employees represent the second company commitment is important, and it is often used as strategic leverage when the teams responsible for HealthCare Co.'s corporate health and wellness programs request more funding, launch new products and services, and obtain "leadership and management buy-in."

HealthCare Co. has been a leader in workplace health and wellness initiatives and even found itself in the news during the 1970s for bringing "workplace health and fitness" to the fore. Lydia, a wellness professional and area manager, who oversees teams of onsite wellness professionals at several east coast and southern HealthCare Co. locations, began working at HealthCare Co. at the height of what she referred to as the "Jane Fonda Era."

> I started here as an Exercise Instructor […] I was here when the CEO at the time, the father of our first big employee health and wellness program was here. And so, we always had cameras in front of our face because corporate fitness in that time was very new. The Jane Fonda era, and leg warmers, body suits and all of that kind of stuff" (Lydia, personal communication, 18 May 2017).

From the company's founders to "the father" of workplace health programs during the height of the "Jane Fonda" days, HealthCare Co. leadership continues to play a crucial role in creating an organizational culture that embraces the health and wellness of its employees. My actors continuously brought up the CEO and his commitment to health and wellness. Like Lydia, Eric, a wellness professional program manager at an east coast location, has been working at the company for close to twenty years. Over his time at HealthCare Co., he has witnessed "an explosion of health and wellness" once the current CEO joined the company. He attributed this "explosion" to the fact that the CEO is a "fitness enthusiast": "What they always say, it trickles down from the top. It's trickling down from the top because of his passion, things have just taken off. The CEO before him, we always had more of a challenge

making things happen" (Eric, personal communication, 24 May 2017). Therefore, creating a "culture of health"—or an environment that fosters healthy behaviors and makes healthy choice making easier—requires a vision, and this vision, generally starts at the top (e.g. the CEO).

Today, HealthCare Co. is a multi-national global organization, with over 200 operating companies that specialize in consumer health products, medical devices, and pharmaceuticals. Given the range of products and services HealthCare Co. provides, different types or forms of work vary, as do its employee populations. There is corporate and office-based work, research and development (R&D), which can involve and lab and bench-based work, as well as manufacturing sites, plants and factory settings. The variety of operating companies, locations, the type of work employees do (even just across the U.S.), make it both unique and challenging when it comes to implementing health and wellness programs. Take the nature of work, for example. The health and wellness resources the company offers to the office-based employees or even their scientists at R&D sites, might not be possible to offer to those working at manufacturing and plant sites. Access to certain technologies, or even health food options at the company's cafeterias can be limited for those working on the factory line. The movements factory workers make on a daily basis also change the type of health or risk factors the organization should target and tailor for them. It is not to be missed, and my informants fully recognize and appreciate that there is quite a range in demographics, cultural backgrounds, and socioeconomic status. These factors do impact who "counts" and is fully "accounted" for in HealthCare Co.'s health and wellness initiatives.

HealthCare Co's Workplace Health & Wellness Ecosystem: The Wellness Teams

Given the organization's size and dispersed locations across the U.S. (and globally), HealthCare Co. is divided into what they call "campuses," which are comprised of a variety of individual "sites" across the U.S. (campuses on the west coast, mid-west, east coast or south,

for example). These sites can be close in proximity to one another or dispersed across a geographic area. Each of HealthCare Co.'s "campuses" are managed by what are referred to as "Campus Leads." These leads oversee HealthCare Co. locations or "sites" within a specified geographic location. For instance, there is a lead for those campuses on the West Coast, another for the Midwest, the South East, the Northeast, and a lead solely responsible for HealthCare Co.'s World Headquarters (WHQ). In addition to overseeing the sites, campus leads also manage site leads. Site leads, the majority of which are registered Nurse Practitioners (NPs), with specialty training in Occupational Health (OHN), sit in and manage onsite HealthCare Co. clinics. The responsibilities of a site lead ranges from managing the everyday practices of the clinic, overseeing individual employee cases (e.g. onsite injuries or annual Health Risk Assessments), and working with a team of nurses and wellness professionals. While site leads report directly to their campus leads, site leads manage both the onsite occupational health nurses, as well as the contracted wellness professionals. As described earlier, HealthCare Co.'s contracted wellness professionals directly interact with HealthCare Co. employees—delivering health and wellness services across HealthCare Co.'s campuses. Depending on the size and budget of a given campus and its respective site, a team of wellness professionals are assigned to a specific site, where they report to their site or campus leads.

Every five years, the Corporate Health & Wellness division, in collaboration with HealthCare Co.'s leadership team, sets new and/or additional workplace health and wellness goals. The goals are part of a larger organization-wide health and wellness campaign. For example, in 2010 there was "HealthyEmployees 2015," and starting in 2015, "Health Initiative 2020" launched. These five-year campaigns are organized around the major health *risks* among HealthCare Co.'s employee population, with inactivity, unhealthy diets, and stress (which includes mental illness such as depression) being the top three. Each "risk" is given its

own “health pillar”: with inactivity a part of the “Healthy Movement” pillar, unhealthy diets under “Healthy Eating,” and stress targeted within the “Healthy Mind and Healthy Work” pillars. While these pillars each have their own specific goals and specific teams of “subject matter experts,” who lead the initiatives, Healthy Eating, Healthy Movement, Healthy Mind, and Healthy Work are not meant to be viewed as separate and distinct from one another. Michelle, a director in the Corporate Health & Wellness Division, who leads HealthCare Co.’s workplace health and wellness strategy, governance and communication practices, said to me: “One of my jobs with the strategy component is making sure that we do stay aligned and integrated and not siloed or going off on one thing versus another. That we keep the whole picture in mind” (personal communication, 5 April 2017). That is, each of the pillars influence and shape one another—feeding into a holistic approach to employee health and wellness. Each pillar has a set of policies, objectives, measures, and programs—all of which will be explained in greater detail in later chapters.

For example, HealthyEmployees 2015 focused on encouraging employees to complete their annual biometric and health screenings. The message and vision for 2015 was for employees to “know their numbers.” The Corporate Health & Wellness Division, along with the wellness professionals across HealthCare Co. locations, were tasked to reach specific goals, three of which included: 1) getting 80% of employees to complete their Health Risk Assessment, 2) lowering the risk for disease for 80% of the population, and 3) ensuring employees have access to specific resources that promoted a “culture of health” at HealthCare Co (Wellness Professional, personal communication, 9 June 2017). For HealthyEmployees 2020, an objective within the “Healthy Eating” pillar is to eliminate all sodas from HealthCare Co. locations: “only 50% of the beverages can contain sugar. They [Corporate Health & Wellness Division members] are going towards 100%” (wellness professional, personal communication, 25 May 2017).

While these "goals" are specific to HealthCare Co., they also highlight the ways by which health and health risks are being defined and categorized more broadly, and the ways by which they are made accountable, auditable and measurable in certain contexts, for specific stakeholders with specific purposes and interests in mind.

Health at HealthCare Co.: From a State to a Journey

> *Over the years we sort of tried to define 'healthy' in terms of absence of disease, in terms of, lack of health risks. At HealthCare Co. we measure ten health risks and if you had less than two you were deemed in the healthier bucket. But I don't think that really got to the point. And, I think there are a lot of people that have two health risks who are definitely not healthy. If you have obesity and diabetes you probably weren't the healthiest person.*
>
> -George, director CHWD, personal communication, 10 March 2017

As the majority of members of HealthCare Co. acknowledged, the traditional or historical definition of *health* is an absence of disease or the management and reduction of risk factors that might help to minimize disease. From this standpoint, health is positioned as a static "state" of disease-free being. While the Health Risk Assessment sets the foundation for providing the necessary tools and resources that target the biggest health risks across the company, the majority of participants emphasized that health is more than simply reducing risks and being "aware of your numbers." Health is less of a "state" or "absence of" and more of a fluid process and way of being—it is being "aware of your numbers" and then actually "doing something" about it. Participants described health as a dynamic "journey" towards wellbeing. Health involves one's physical state—as measured by core biometric numbers (i.e. cholesterol levels or BMI)—but it is also about one's mental, emotional and *spiritual* condition. The inclusion of the spiritual dimension is important to highlight as it positions health within a personal life purpose: "Why am I here? Who do I really want to be when I'm at

my very best" (director, CHWD, personal communication, 26 June 2017)? When health is treated as a holistic journey, notions of ownership, empowerment, energy and engagement come into play: "Each individual feeling as healthy as they want to be. So, if they feel energized, empowered—and that might mean they still have some disease, but they live with it and it's not a barrier to what they want to do. It's really about being their best" (director, CHWD, personal communication, 10 March 2017). Health and "wellness" become one in the same.

Health, and its new best friend, "wellness" have become a growing concern for U.S. employers. According to Anna Kirkland "wellness" is the new "popular buzzword," as indicated by the emergence of a variety of wellness-based services including but not limited to: "wellness programs, wellness centers, wellness contests, wellness conferences, wellness journals, wellness administrators, wellness awards and wellness tourism" (Kirkland, 2014, p. 957). As described earlier, organizations such as HealthCare Co. are looking at health more holistically, with "wellness" encompassing more than just physical health, but also "mental and emotional wellbeing" (director, CHWD, personal communication, 3 March 2017). Wellness as a concept positions health as more than just an absence of disease, but a series of health and lifestyle behaviors. Those who support wellness efforts, Kirkland argues, emphasize that:

> Health promotion and prevention of disease should be a top governmental and personal priority, and that each individual should strive to achieve optimal functioning. But typical to buzzword fashion, the appeal of the term comes from its ability to float above thorny and contested details and to mean *different things to different stakeholders so that it becomes viewed as an uncontroverted good* (emphasis added, Kirkland, 2014, p. 958).

The fact that "wellness" is a nebulous term that can be defined and used by a variety of people for a variety of purposes is important to consider especially when looking at it within a corporate context. For some, and namely, employers, employee wellness reduces

health costs, absenteeism, employee turnover and burnout and increased productivity. But "wellness" can also be positioned as a company "perk" and a way to showcase how much an organization really cares about and "invests" in its employees (Frank, personal communication, 18 May 2017; director, CHWD, personal communication, 26 June 2017).

Just as notions of health have been reimagined over time, so too has the corporate health and wellness space. When asked to describe what *corporate health and wellness* is, many participants noted a shift from the traditional occupational nurse, who focuses on work-related injuries or illnesses, to an added emphasis on prevention, wellness, and health promotion. According to one campus lead: "I've seen a lot of changes over the ten years at HealthCare Co. I've seen the Occupational Health Department really morph. […For example] the role of the nurse [is] more directly involved in health promotion […] Now we're much more focused on wellness versus what we would consider the core occupational health role" (personal communication, 12 April 2017). While this change might represent a general shift in corporate health and wellness more broadly, many participants pointed to the important role leadership plays in shaping and setting forth an overall mission and vision of health—not only for the company, but for HealthCare Co.'s employees more specifically.

When discussing what health means at HealthCare Co., participants repeatedly referred to the organization's "Mission Statement" and the current CEO's commitment to employee health. Since its initial development in the mid-twentieth century, HealthCare Co.'s "Mission Statement" in many ways represents the core or backbone of why health and wellness programs exist, and more importantly, why they thrive at the company in the first place: it is "embedded in our philosophy. This is embedded in what we do […] it can enhance an employee's performance." In this sense, the "Mission Statement" can as a top-down motivational tool for employees to "get on board and help an employee have access to these healthy opportunities" (Rachel, manager, CHWD, personal communication, 9 March 2017).

Organizational Culture, Climate & Built Environment

For Rachel, along with her colleagues, the Corporate Health & Wellness Division is responsible for looking at "anything that can possibly touch employee health and that's: the built environment, it's the culture. So, 'culture' by my definition is the values and the norms that are happening. What people say and do, as well as the programs. But, a 'culture' sustains a climate and it changes. So, a climate can be impacted by your leadership, it can be impacted by middle-management. People talk about 'culture', but it's actually 'climate' that you're constantly trying to address, and you're trying to make sure that everybody get it. That this is embedded in our philosophy" (personal communication 9 March 2017). To clarify:

1. *Culture:* the values or norms, "what people say and do," in organizational life and what they bring in from their personal life;
2. *Climate:* the resources, coordination, and translation work that allows for employee health and wellness programs to work, move, and engage; and,
3. *Built Environment:* the techniques and ways in which the physical spaces at the organization foster healthy behaviors and allow for certain programs to exist—literally making workplaces into healthy spaces.

This design work, much like encouraging healthy movement and eating, requires HealthCare Co. to take organizational *culture*, *climate* and the *built environment* into consideration. The *organizational culture* needs to embrace a vision that supports health and wellness—recognizing the importance of treating an employee's health holistically. Correspondingly, the *organizational climate* needs to align with this vision, allowing for policies to work in practice and on the ground. That is, health and wellness need to be something that not only middle-management accepts or "buys into," but programs that employees feel comfortable discussing and dealing with in a work setting. Along with *culture* and *climate*, the *built environment* needs to be equipped with the appropriate "brain triggers"

that allow for healthy behaviors to occur (lead of EAP, mental health and work-place effectiveness programs, CHWD, 10 January 2018).

As employees spend a large portion of their time at work, HealthCare Co. recognizes the need to not only deliver holistic care, but to consider quality of life as well:

> The idea between medicine, wellness, mental wellbeing, work-life, all of that really was employee-focused on their ability to maintain their own personal wellbeing. Whether it is 'I don't get hurt today' or 'I feel good about myself'—all of that needed to come together. And so, through that, we came up with a model that says: 'Let's pull all of these resources together under one heading, and look at, holistically, how we deliver health and support health for our employees' (Jeremy, director, CHWD, personal communication, 3 March 2017).

Thus, engendering a strong "culture of health" at HealthCare Co. requires more than just delivering programs, but creating programs that can work together, with and across very particular, dynamic and often times, what one member of the Extended Leadership Team described as, diverse "climates." By positioning culture in the context of climate, "anything that touches employee health" matters. This includes, but is not limited to: "leadership, middle-management, the built environment," as well as the behaviors and norms between and across employees and departments.

A shared vision of health needs to permeate at all levels of the company, and this takes both coordination and hard work. Implementing healthy eating initiatives, for instance, requires having Facilities on board:

> If your Facilities partner is not thinking the same as you, in terms of what the food offerings should be and the goals and the vision, that's a problem, in terms of a health area. And, so the first thing that had to be done was sort of bridge that relationship with Facilities. And, that may not be just one conversation, it may actually take a couple of years, if there's never been a relationship (Rachel, manager, CHWD, personal communication, 9 March 2017).

Correspondingly, climate is also about the norms and behaviors inherent at particular sites. And it is the multiplicity of climates at HealthCare Co. across the U.S. that makes it both

unique and challenging when it comes to implementing health and wellness programs. Acquisitions, for instance, can influence not only an employee's connection to the company, and therefore, its views on health, but they can directly impact an employee's health in and of itself. Acquired sites (companies that HealthCare Co. bought and/or merged with) might "want to harbor into their own legacy culture, rather than maybe fully embracing the [HealthCare Co.] culture, which is very health-driven in things" (wellness professional, personal communication, personal communication, 13 July 2017). Similarly, one participant pointed out that at one of her sites: "Culturally, there's a very different approach to health. They haven't been at [HealthCare Co.] that long […] So, there's a lot of culture change going on at a site like that" (cite). As climates change—and in the case of acquisitions, changes in organizational structure—health and what is considered an important facet to focus on changes as well. For instance, an increase in stress management resources and promotion might be more important at a particular site at a given moment in time.

However, climate is also about the physical elements of the workplace. An appreciation for "the built environment" across HealthCare Co.'s campuses is something that has been important to the company historically. One of the company's founders believed that workplaces should be "pleasant environments," and this extends to the way in which "health" at HealthCare Co. is currently conceptualized and imagined. As one participant put it, you cannot put health out for health's sake. In fact, a common theme surrounding the company's approach to health and wellness is an emphasis on health as "fun" and the importance of creating enjoyable and safe spaces to engage in health-based activities. For the current CEO, it is not just about the healthiest employees, it is also about the "happiest." When describing the fitness center at one site, a wellness professional explained how:

> People come down here to take a break. And, people always come down and say: 'You guys are always having such a good time down here.' And so, I feel like the atmosphere in here is just fun always. People know that if they are coming from a

> really high-stress board meeting or just gave a presentation, whatever the case may be, they can come down here, let loose and take a step back and take a mental health break, which is needed all the time for everyone, regardless of your work situation" (cite).

While this illustrates the importance of creating a fun atmosphere in the physical sense, and in this case, the fitness centers, the description above also points to the importance of facilitating a cultural climate where employees *want to* and *can be* engaged in their health, *when* and *how* they want to be.

Finding ways to centralize and organize resources is essential for building an awareness around the variety of health and wellness offerings available. If an employee doesn't know a program exists or even where to find a particular resource, it inhibits, if not halts, engagement all together. And the ultimate goal surrounding employee health is engagement: "It's more about engagement in health […] The more that people think about their health on a day-to-day basis is probably going to nudge them to do the right things more often than if they don't think about it […] It's really about: *How do we get people to just think about their health*" (emphasis added, director, CHWD, personal communication, 10 March 2017).

To be healthier is to adopt healthier behaviors. Behavior change is the Corporate Health & Wellness Division's ultimate goal—to create enough awareness around and engagement with health and wellness, whereby unhealthy behaviors are replaced with healthier habits. Habits that become routine and "ingrained" in employees every day. But, as Rachel, a manager in the Corporate Health & Wellness Division explained:

> Behavior change is complex. That's why there's so many theories out there about it. You can *nudge* people: you can do health coaching, and motivational interviewing, and all these things. Yet, we still come back, at the end of the day [laughs] and we still have the same issues. So, you can't do any one of those in a vacuum. *Programs aren't going to work if you don't have culture and environment*" (emphasis added, Rachel, Manager, CHWD, personal communication 9 March 2017).

The use of the term "nudge" emerged throughout my conversations and interactions with the Corporate Health & Wellness Division management, where they would reference behavioral scientists like B.J. Fogg and his behavioral modification "small steps" philosophy (Fogg, 2009, 2013; Fogg & Hreha, 2010); the work of psychologists like Scott Rigby, who leverages technology and game mechanics to invoke employee engagement and motivation to change (Rigby & Ryan, 2018); and, the use of techniques like "choice architecture" into the design of HealthCare Co. workplace environments to help employees, as behavioral economists Richard Thaler and Cass Sunstein argue "improve their ability to map and hence to select options that will make them better off" (Thaler et al., 2014, p. 21). For instance, when choosing technologies for digital health behavior screenings or even tools like HealthyYOU, Harrison, a manager at HealthTools Inc., a HealthCare Co. company, stressed that while, "there are a lot of tech companies that can create a lot of cool things […] we're really grounded in *science* and behavior change. So, what are the aspects of gamification that we can leverage because it influences behavior and engagement as opposed to just making something that's cool and flashy but doesn't really sustain behavior change" (personal communication, 12 July 2017).

Being grounded in *science* is important here. Abraham Maslow's body of work, for instance, is often adopted in the field of organizational studies. His theories on motivation, self-actualization, and positive psychology are often examined, modified, and used by employers to increase "employee engagement"—or an employee's commitment to the company, their work, and their overall performance and overall productivity. As referenced in the introductory chapter, the goal for many members of the Corporate Health & Wellness Division is help employees be "*high-functioning* in every way" (Rachel, personal communication, 9 March 2017). In *Motivation and Personality* (1954), Maslow argues that "health is not simply the absence of disease or even the opposite of it. Any theory of motivation that is worthy of attention must deal with *the highest capacities of the healthy and*

strong man as well as with the defensive maneuvers of crippled spirits" (emphasis added, 1954, p. 22). For Maslow, psychologists spent too much time examining those with "crippled spirits" when in fact "the most important concerns of the *greatest and finest people in human history* must all be encompassed and explained [.] This understanding we shall never get from sick people alone. We must turn our attention to healthy men as well. Motivation theorists must become more positive in their orientation" (Maslow, 1954, p. 22). Maslow's use of the words "highest capacities" and its relationship to "the healthy and strong man," directly aligns with the ways in which many of my actors discuss health.

Maslow entered the world of "industrial psychology" in the summer of 1962 as a visiting fellow at a plant based in California. In observing plant workers, Maslow discovered that "the industrial situation may serve as the new laboratory for the study of psychodynamics, of high human development, of ideal ecology for the human being" (Maslow, 1962, p. 135). Maslow argued that with "fairly o.k. people" within a "fairly good organization, work can actually improve people—work can in fact become a part of one's "purpose," "making well people grow toward self-actualization" (Maslow, 1962, p. 280). He goes on to say:

> It is only the truly 'healthy' man that is able to be a self-actualizing person: It is clear that, other things being equal, a man who is safe and belongs and is loved will be healthier (by any reasonable definition) than a man who is safe and belongs, but who is rejected and unloved. And if in addition, he in respect and admiration, and because of this, develops his self-respect, then he is still more healthy, self-actualizing, or fully human (Maslow, 1954, p. 67).

Motivation for a "healthy man" or *woman* is grounded in their desire to be the best they can. Again, to be a "healthy" employee requires the right amount of "energy" in order to have the "capacity" to be one's best or "the greatest and finest" (to use Maslow's words).

Similar to the work of behavioral scientists and psychologists, HealthCare Co. also refers to research and standards published by recognized research organizations in the area of corporate health and wellness: The Health Enhancement Research Organization, or HERO,

being one. As it relates specifically to movement, according to a 2015 HERO publication, *Movement, Inactivity and Workplace Effectiveness*: "Incorporating movement throughout the workday is essential in order to maximize one's energy and performance as well as reduce the significant health consequences associated with sitting or standing without moving for several hours at a time" (The Health Enhancement Research Organization-HERO, 2015, p. 2). Aligning with HealthCare Co.'s culture, climate and built environment categories, HERO recommends that organizations pay attention to the following when implementing movement strategies into the workday: 1) Policies, 2) Places, 3) People, and 4) Permission.

Policies, much like HealthCare Co.'s notion of "organizational culture" include written standards "that support movement during work time and educate leaders and employees at all levels about why the policy is being initiated and how they can support it" (The Health Enhancement Research Organization-HERO, 2015, p. 2). Some examples HERO recommends for policies include walking meetings, meeting breaks, and "moving workstations"—all of which HealthCare Co. provides (and will be discussed in the pages that follow).

Also in line with organizational culture is HERO's description of the "people" factor, recommending that organizations "identify and train movement role models across all levels of leadership who actively role model how to incorporate new policies in the work environment or take advantage of environmental enhancements to move more" (The Health Enhancement Research Organization-HERO, 2015, p. 2). For example, the global step challenge is one example of how HealthCare Co. took advantage of bringing together the organization at all levels for "an opportunity to be better together." And, in the case of HealthyYOU, encouraging employees to be their own "healthy leaders."

HERO's description of "places" directly speaks to the importance of the built environment and how modifications to physical spaces such as "stairwell aesthetics and access" or even "shared

moving workstations" can encourage movement. Lastly, "permission" falls under both organizational climate and culture, with HERO suggesting that leadership and employees understand "the positive influence that movement can have on individual performance and business outcomes," which in turn can encourage "self-leadership" (similar to "healthy leaders") that can act "as a mechanism to influence social norms and work climate that makes moving throughout the day the default rather than the exception" (The Health Enhancement Research Organization-HERO, 2015, p. 2).

Rachel's belief that health and wellness resources "can't work in a vacuum," further supports why climate, culture, and built environment play such a crucial role in the strategy behind employee health and wellness initiatives. HealthCare Co.'s culture, climate and built environment, as my actors define them, act as three key elements in designing how members of the Corporate Health & Wellness Division conceptualize employee health and wellness and the ways by which an employee is made to be "healthy" or "healthier."

However, to get people to be aware of their health, and ultimately engaged, is to ensure that the way health is communicated and promoted aligns with how employees live both inside and outside of their work. It is more than just centralizing resources and programs but centralizing them within the context of day-to-day behaviors and routines. The move towards digital platforms and an emphasis on a "mobile-first" approach is one way of "infiltrating how people are living today," which for many participants is "on their phones." Ultimately, the impetus for the development of their digital hub "HealthyYOU," from the perspective of participants, was to find a technology that: 1) reduces barriers of entry to information, 2) targets the needs of specific health risks and, 3) makes health approachable, and once again, "fun."

> I want to be able to say, when you get in the elevator and go on the 10th floor coming down, up and down, you got a chance to connect with it in that 4-minute, 30-second whatever it is ride in the elevator, and that may be enough. And, so, for us, as we thought about strategy, we know what tools we like, we know what we are trying to go after, what we weren't good at is getting it to *the right people, at the right time that*

> *they need it*. Sometimes we got it to lots of people, but it wasn't the right time. And sometimes we didn't get it to enough people, but it was the right time. We just didn't connect those dots. And, so, digital health that was 'mobile' focused was a way to do that" (emphasis added, Jeremy, personal communication, 3 March 2017).

Clearly, centralizing resources into one bucket was an important factor that went into the development of HealthyYOU. If health is a personal journey, how do you make resources more personalized and "responsive" in design, while simultaneously ensuring "somewhat of a standard approach"? How are the "right" resources determined? And when is it the "right time" for the "right people"?

CHAPTER 2: "HEALTHY MOVEMENT"

The Global Step Challenge: Combating Inactivity One Step at A Time

It's time for a little healthy competition.
An amazing opportunity to be better, together.

-HealthCare Co.'s Global Step Challenge promotional flyer

In 2016, when I began my fieldwork, HealthCare Co. launched its new digital health tool and mobile app, HealthyYOU. This app, for the members of HealthCare Co.'s Corporate Health & Wellness Division, provided a new way to not only make health "fun" and interactive, but to make it a personalized experience where employees could access company health and wellness resources at the tap of their finger. Instead of having to navigate through a maze of internal company websites (or intranets), employees could find the resources they needed, when they needed it without having "died trying to find them" (director, CHWD, personal communication, 10 March 2017). George, a director within the Corporate Health & Wellness Division, put it simply: With HealthyYOU, "you just click on it and 'bang' it's there" (personal communication, 10 March 2017). The app represented HealthCare Co.'s big shift into their "mobile-first" employee health promotion strategy. With this shift, HealthCare Co.'s workplace health and wellness resources were in the process of being resurrected, repurposed and, most importantly, made relevant and relatable.

Jeremy, another director in the Corporate Health & Wellness Division, explained that, "What we wanted HealthyYOU to feel like and be able to do was to *infiltrate how people are living today*…People *want* to, *need* to, connect with a resource tool at a time that it makes sense to them" (emphasis added, personal interview, 3 March 2017). That is, if HealthCare

Co. wants to encourage employees to be "healthy" or "healthier" they need to go to them. To get, as he put it: the "right resources, to the right people, at the right time." In order to "infiltrate how people are living today"—to make health a habit—is as George explained "on their phones" (personal interview, 10 March 2017). Using the mobile phone as a vehicle for health promotion and awareness, the Corporate Health & Wellness Division team leveraged gamification techniques, making healthy employees one step at a time, literally.

To garner excitement about and use of this new tool, HealthCare Co. created a 30-day global step challenge not long after the initial launch of HealthyYOU. The challenge invited employees from across the world to participate in an international and not so "little healthy competition." This challenge was uniquely designed so that it directly and automatically drove employees to interact with the HealthyYOU app itself. This not only promoted the app, but it got people to *want to* interact with it, *need to* access it, in order to link it to their every day (steps). In reflecting on the success of this challenge, George recalled: "It was such an effective way of reaching people and getting people engaged because it was fun, it was team based. There were enough teams, people actively doing it […] We got a social feed that employees were talking to each other, they were helping each other out with technology questions. It was a phenomenal way of […] getting people to buy in" (emphasis added, personal interview, 10 March 2017). And employees did buy in. The first of several global step challenges saw employees from across the globe, create teams of 10, and compete in a race to reach the largest number of steps the fastest, as they followed the founders of HealthCare Co.'s journey over to America. Walking, however, was just the first 'step':

> The big Global Challenge was a great game changer. It sort of changed the culture, and people were talking about it. They were having walking meetings. There were places reporting that people were buying different food in the cafeteria. And, we asked [ourselves]: 'Well, why are you doing that? You're only doing a step challenge?' But it changed people's behaviors. And the cultures changed at certain sites" (emphasis added, George, personal communication, 10 March 2017).

The step challenge directly aligned with the organization's "Healthy Movement" health pillar and its main goal to combat physical inactivity and sedentary behaviors among the organization's employee populations. But it also fed into other facets of employee health and wellness. In George's description above, the challenge influenced three additional elements of HealthCare Co.: 1) its *culture*, 2) its *climate*, and 3) its *built environment*.

First, the organization's culture became, what many in the worksite health and wellness industry call a "culture of health." Employees were "talking about" health and choosing different health behaviors at work, such as eating healthier food in the cafeteria. Second, the organizational climate changed how work was done, with people walking and talking (at the same time), and departments, like Facilities, which manages the cafeteria, changing the types of food they offered to employees. Finally, the challenge also transformed the physical space of the workplace—its built environment. HealthCare Co.'s buildings and campuses became prime opportunities for employees to rack up steps and contribute to their team's total count. They began to choose stairs over elevators and use outdoor walking trails as conference rooms.

The challenge became more than just about counting steps. It was about competition. It was about collaboration. It was about food. It was about embracing organizational pride. And, it was about being a "healthy" HealthCare Co. employee. However, the challenge posed challenges for some employee populations. For steps to count, they needed to be counted. Rachel, a manager within Corporate Health & Wellness Division, emphasized the role trackers play in programs like step challenges:

> The tracker piece is a key piece because it's constant awareness. It's not one-and-done like a Health Assessment. You're getting that data about yourself every day. It's visible, people see it on your wrist and there's a little bit of peer pressure to say: 'Hey, how many steps did you get? I got this many.' And people bring it up in meetings. So, it moves you more into behavior change because […] it's the physical element that people see" (personal interview, 9 March 2017).

To track steps and have them count towards the challenge, employees were required to: a) download the HealthyYOU app on their smartphones, b) connect to a separate "Challenges" mobile app, and c) link an activity tracker to HealthyYOU so that their steps could be accounted for. In addition to counting steps and contributing to their team's total, participation also provided each employee with a certain number of "points" that could be redeemed for monetary prizes such as a medical contribution discount, or even an Apple Watch.[5] There are a few important things to note here. To participate you needed: 1) a smartphone, 2) adequate cell phone or Wi-Fi connection to not only set-up your account on the HealthyYOU app, but to also enroll into the challenge, create or join a team and to check on progress, and 3) you needed a tracking device to record activity and steps. While employees with smartphones, such as an iPhone, could use free applications such as Apple's HealthKit, wearable step trackers were preferred. These three variables are important to the story and they will come up as I move deeper into this case.

As one informational pamphlet outlining the rules of the step challenge stated: "Trackers are an integral part of this challenge, and sites will need to determine how best to provide or support trackers" to their employee populations. Campus and Site Leads, those responsible for HealthCare Co. locations across the U.S., and internationally, had the option of buying trackers (such as an entry level Fitbit or Jawbone) in bulk and have the charges reimbursed, or encourage employees to purchase their own tracker with a $40 company discount. However, what happens when a location has limited cell phone service, spotty Wi-Fi, or employees without smartphones? If you cannot link a tracker to the Challenges app how can you participate in the same way as an employee with all of the necessary resources?

[5] At the time of this research, HealthyYOU and the Challenges mobile apps were separate. They have since been integrated.

Would they even have a chance? As a Wellness Professional at a North East HealthCare Co location explained:

> Most of [the employees at my site] do [have cell phones]. I would say more so now. Manufacturing, I would probably go with about 50% have a smart device. And, one other struggle that we have onsite here too, is when you're assisting someone with their device, is that we don't have cell phone service […] We are lucky enough to be able to connect to a Wi-Fi. The password does change every 2 weeks, but not all employees have this password to be able to connect" (personal interview, 29 June 2017).

Thus, the challenge was not just about counting steps. But it required the counting of steps. The challenge was about competition. But it was also about being able to compete. It was about embracing organizational pride. But it was also about one's place in the organization. It was about being a "healthy" HealthCare Co. employee. But health was not just a condition. It was a process of careful design work—and as a process of design, employee health and wellness became a matter of shifting and accounting for culture, climate, materiality, and built environment (Schüll, 2012).

Grounded in Schüll's approach to understanding machine gambling addiction, this chapter examines HealthCare Co.'s physical activity programs, like the Global Step Challenge, as part of a larger process of employee health and wellness design, and in this case: "healthy movement by design." To look at "healthy movement" by design, is as Schüll argues, to pay attention to the "dynamic interaction" between employees—as users, consumers, and testers of HealthCare Co. health and wellness resources and tools—and "the design intentions, values and methods of" organizational "environments and technologies" strategized and implemented by the Corporate Health & Wellness Division and its wellness teams (Schüll, 2012, p. 21). In addition to the global step challenge for which this chapter begins, I will also examine other "Healthy Movement" initiatives, such as the onsite Fitness Centers. These programs highlight the ways in which new sociotechnical arrangements of visions, people,

things, and environment(s) work to construct what it means to be a "healthy" and active employee, and simultaneously, isolate those who have limited opportunity to do so.

Envisioning a Mission to Move: A Company that Moves Together Stays Together?

> *I look at really anything that can possibly touch employee health [.] One, it's the culture. So, 'culture' by my definition is like the values and the norms that are happening. So, what people say and do.*
>
> - Rachel, manager, CHWD, personal communication, 9 March 2017

In my first conversation with Rachel she explained her role as being responsible for looking at "anything than can possibly touch employee health." She was the first informant, although not the last, to identify the three key elements that not only "touch" but influence how (and if) employees engage with company health and wellness resources: culture, climate, and built environment. I start this section with her description of "culture" as a start: "the values and the norms that are happening," and "what people say and do"— or their behaviors. The people she is referring to are the employees, and the values and norms or what is "said" and "done" is largely in the context of HealthCare Co. itself. That is, the *organizational* norms and values, which can and do differ from location to location across the U.S. However, employees also have their own personal values, norms, and behaviors—aspects of who they are and how they are outside of work that can influence what they do and how they do it at work. Thus, "culture" includes not only HealthCare Co.'s organizational culture, but also its employees' distinct culture(s) (both inside and outside of the workplace). *This section will look at culture by focusing on two key components: 1) health visions and values, and 2) the policies and standards that work to shape the strategies behind employee health and wellness physical activity programs, and ultimately, establish norms*.

Creating a "culture of health" at HealthCare Co., and specifically, a culture that fosters physical activity and movement, first requires a shared vision. Historically, HealthCare

Co. has integrated physical activity into its employee work culture from the early days of its original founders. In the beginning of the 20th century, for instance, one of HealthCare Co.'s original East Coast locations had "an employee swimming pool that had purified water." (HealthCare Co. Historian, personal communication, 26 July 2017). At a southern location in the mid-1900s, HealthCare Co. provided employee housing, which was not entirely uncommon for companies to do at the time. However, as HealthCare Co.'s historian described it, the company took extra care in designing the employee housing communities. The area around the company homes "was beautifully landscaped to encourage *walking*" and employees also had access to "*onsite fitness facilities*" (emphasis added, personal communication, 26 July 2017). Walking and exercise continued to be an important part of life as an employee at HealthCare Co. In fact, HealthCare Co. would find itself in the news during the 1970s for bringing "workplace health and fitness" to the fore.

Lydia, a Wellness Professional Area Manager who oversees teams of onsite wellness professionals at several east coast and southern HealthCare Co. locations, began working at HealthCare Co. at the height of what she referred to as the "Jane Fonda Era." "I started here as an Exercise Instructor […] I was here when the CEO, the father of [our first big employee health and wellness program] was here. And so, we always had cameras in front of our face because corporate fitness in that time was very new. The Jane Fonda era, and leg warmers, body suits and all of that kind of stuff" (personal communication, 18 May 2017). From the company's founders in the 20th century, to "the father" of workplace health programs during the height of the "Jane Fonda" days, HealthCare Co. leadership continues to play a crucial role in creating an organizational culture that embraces the health and wellness of its employees. The current CEO is so committed to employee health and wellness that he has set a mission for himself and the organization to have the "healthiest workforce" by 2020. When discussing

employee health and wellness at HealthCare Co., my informants continuously brought up the CEO and his commitment to health and wellness.

Working at the company for close to twenty years, Eric, a Wellness Professional Manager at an east coast location, "witnessed" "an explosion of health and wellness" once the current CEO joined the company. He attributed this "explosion" to the fact that the CEO is a "fitness enthusiast": "What they always say, it trickles down from the top. It's trickling down from the top because of his passion, things have just taken off. The CEO before him, we always had more of a challenge making things happen" (Eric, personal communication, 24 May 2017). In the case of HealthyYOU, one older female employee—who identified herself as a "non-techy person"—felt the need to download and use the app because as she said, "it came from 'Big Daddy' [the CEO], it was as if this is a company push thing and you *have to be on the in*" (emphasis in original, personal communication, 5 October 2017). This feeling of "being on the in," came up in my conversations with George and the Global Step Challenge:

> People were talking about health [and] people then were, I suppose maybe a little bit *nudged* or *embarrassed* into choosing healthier and being healthier because *that was the thing*, *that was the culture at the time*. So, *if the cultures are all about health,* then 'well, *I better do something healthy,' because people like to comply*. And I don't know if I've got any evidence for this, but I think it's some of those knock-on effects. I suppose that tipping point once you get over a certain point that you suddenly get enough people doing a behavior that really the people that are not doing it suddenly say: 'Oh, I better start joining in to be part of it'" (emphasis added, George, Director of Health & Wellness Programs & Occupational Medicine, personal interview, 10 March 2017).

Getting enough people to do and talk about something, created a domino effect. The *nudge* to change behavior in George's description was in the form fellow employees "talking about health," which in turn influenced those who were not has motivated to do so at first. George's description also aligns with the promotional materials and messages advertising not only the step challenge, but HealthyYOU more broadly.

To return to the four quotes for which this chapter began, partaking in "a little healthy competition" was not only a way to get employees to be more active and increase the number of steps taken in a given day, but it was also "an amazing opportunity" for HealthCare Co. employees "to be better, together." But what does "better" mean and why is it important to couple it with the word "together"? To start, "better" implies that employees can, or should, do more about their health: to be "healthier" than they currently are. Healthy employees need to be healthier, and unhealthy employees need to be less "unhealthy." In the context of physical activity, what exactly counts as movement? And, what constitutes a "healthy" amount? To determine this and thus work towards a goal takes more than a history, a vision, a "fit" CEO, and a bit of peer pressure. To turn a vision into a reality, a plan and a set of policies need to be put in place.

The "Healthy Movement" Pillar: Policies, Guidelines & Action Plans

Every five years, the Corporate Health & Wellness Division sets goals for ensuring a healthy workforce. These initiatives are organized around the major health risks among HealthCare Co.'s employee population—with inactivity being one of the three. Within the "Healthy Movement" pillar specific policies and health and wellness programs/resources were established, with the objective of encouraging employees to incorporate more physical activity into their day. Members of the Corporate Health & Wellness Division refer to guidelines to not only ground their programs in what they deem to be established and well-recognized health findings, but to ensure that the programs are tailored specifically to their employee populations. Health risks are primarily measured and identified by looking at the results of the annual employee Health Risk Assessments (HRAs), in combination with biometric screenings. Each of these two screening tools allows HealthCare Co. to evaluate and collect specific health information about an individual employee, which in aggregate provides the organization with overall population health metrics. "Most foundations of corporate health

programs are Health Assessments. You fill out a questionnaire about your health: Do you eat fruits and vegetables? Do you smoke? What's your cholesterol? All these things," Rachel explained. Once the risks are identified the policies can be developed around them.

Based on the HRA, employees were not moving enough, or as Rachel qualified, they were not getting the required "150 minutes a week of cardio and then also the strength training piece" (personal communication, 9 March 2017). For instance, according to the 2nd Edition of the U.S. Department of Health and Human Services' (HHS) *Physical Activity Guidelines for Americans*, it is advised that adults spend:

> At least 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) to 150 minutes (2 hours and 30 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Preferably, aerobic activity should be spread throughout the week (U.S. Department of Health and Human Services et al., 2018).

Guidelines such as these matter in the context of developing "Healthy Movement" programs, as they set the foundation for the types of programs that are offered, and they work to standardize the goals, promotion, delivery, and desired outcomes of a given program.

Starting with the launch of HealthyEmployees 2020, a new digital dashboard—the "HealthyEmployees 2020 Dashboard"—was introduced in order to clearly outline the specific objectives and goals for a particular health pillar.[6] Within the dashboard, Site Leads (the Occupational Health Nurses that manage the employee health and wellness programs at a particular location) need to answer a series of questions, on a quarterly basis, whether they have or have not met specific goals. As Jane, one of HealthCare Co.'s wellness professionals, explained it, the dashboard is fairly "black and white," you simply "answer with either a 'yes' or a 'no'" (personal communication, 29 June 2017). The objective at the end of the quarter is

[6] To ensure confidentiality, I chose "HealthyEmployees 2020 Dashboard" to replace the actual name of the HealthCare Co. tool.

for a site to be able to say they are "in the green." The wellness professionals, who are responsible for the healthy movement and healthy eating pillars, input their answers into an Excel spreadsheet, which is then sent up to their site lead, who ultimately uploads the answers into the large HealthyEmployees 2020 Dashboard. To better contextualize the purpose of the dashboard and the policies included in Healthy Movement, Jane pulled up her team's spreadsheet on her computer during our conversation. Jane first described an area where she and her team answered "yes" to the following Healthy Movement objective: "Do you have indoor or outdoor walking trails mapped out and communicated to employees?"

> A 'yes' with 'Movement' is we have an indoor walking route that have arrows around the building, pointing which way to go. And they [employees] know if they do 4 laps of that it's about a full mile. And then we also have an outdoor walking route that is posted in the fitness centers. We have several different routes and then the distance" (personal communication, 29 June 2017).

These walking trails also illustrate how the Corporate Health & Wellness Division incorporates the built environment into Healthy Movement policies and programs—showcasing, in this example, how organizational culture—such as policies—can be impacted by built environment. That is, organizational culture, climate and built environment are not separate and distinct but do in fact shape how health and wellness is or even can be mobilized at Health Care Co.

Jane's second example of a movement policy her team responded "no" to, also shows how organizational culture, climate and built environment collide:

> So, a 'No' for us was: *'Are moves and breaks incorporated into the work day and for meetings over 90 minutes?'* So, that was a 'no.' But what we are working on here is incorporating stretch posters into every conference room. Then trying to rotate the stretches quarterly. It's just promoting for this aspect. If there's a big group and they request support, we can absolutely go in and do a 10 to 15-minute energy stretch break. We've done that for departments that have big long onsite meetings" (personal communication, 29 June 2017).

These "movement breaks" are meant to get employees out of their chairs and move around so that they are not sitting for the entire 90-minute meeting.[7] However, in order for a movement break to occur, employees need to ask for them or wellness professionals need to seek them out. Those who lead the meeting need to believe that taking the time out of their meeting to stretch and move is worth it—what many actors described as "buying-in." "Buying-into" a program is as getting management (or those leading a meeting) to understand the importance of a particular health and wellness program and the ways it can impact productivity and overall employee energy. The wellness professionals often have to work "to make the connection between health and business" (Lydia, Wellness Professional Northeast Area Manager, personal communication, 18 May 2017). I will return to this process of "buying-into" programs in the climate section of this chapter. In addition to buy-in, you also need to have the physical space for these breaks. Wellness professionals need to tailor to the environment or space in which meetings occur, such as using hallways outside of a conference room. Beyond getting employees to move during long meetings, these breaks are also meant to be "fun." Members of the Corporate Health & Wellness Division believe that: "if you put health for health's sake then it only reaches a very small fraction of the population. So, if we make health fun, if we make health part of your day, if we make health integrated it bears a whole different way of interacting with personal wellbeing" (Jeremy, director in CHWD, personal communication, 9 March 2017).

The breaks also work towards another Healthy Movement goal, which is to reduce the amount of time employees spend sitting at work. For example, another policy for certain HealthCare Co. locations, especially where there is office-based work, is to have "25% of the population that sits most of the day have standing workstations in place so that they can stand or sit when they are doing their work during the day" (Pat, site lead, CHWD, personal

[7] To ensure confidentiality, I chose "movement breaks" to replace the actual name HealthCare Co. uses.

communication, 03 May 2017). Increasingly, researchers are conducting studies on the consequences of sedentary behaviors in the workplace, and specifically, the effects of sitting for long periods of time. In 2015, HERO researchers found that "in the last five decades the number of sedentary jobs has increased from 50% to 80%," with Americans spending on average ten hours a day sitting (Tabor & The Health Enhancement Research Organization-HERO, 2015). In an infographic (Figure 2), HERO illustrates "why movement at work matters," pointing to, among other things, the impact inactivity has on the brain and employee productivity (Tabor & The Health Enhancement Research Organization-HERO, 2015). The reference to a "slumbering brain" is important to note, as many initiatives in "Healthy Movement" play a role in the programs offered under "Healthy Mind."

Figure 2: Why Movement Matters Infographic (HERO, 2015)

HealthCare Co. not only offers standing workstations, but some locations take options one step further. For instance, while visiting one site, I was shown a secluded space, or alcove, amongst the sea of cubicles where a single treadmill, equipped with a removable tray that allows employees to work on their laptop, while working out. And, there is research touting the benefits of not only standing workstations, but also ones that move (Levine, 2014; Mayo Clinic Staff, 2017). These studies help formalize the Corporate Health & Wellness Division's mission to increase the health and wellness of

HealthCare Co. employees, because they work to standardize and as many actors stressed ground initiatives in "science."

But, just as a vision needs a standard or set of policies, being "in the green" and checking a "yes" on the HealthyEmployees 2020 Dashboard requires employees to engage with and use the programs.

From Knowing to Doing: The Case of HealthyYOU

Five years prior to the HealthyEmployees 2020 initiative there was HealthyEmployees 2015, which had slightly different health goals than its current counterpart. I wanted to understand what made the 2020 goals different from the ones set for the previous five years. One member of the wellness professionals team explained that HealthyEmployees 2015 focused on encouraging employees to complete their annual biometric and health screenings. The message and vision for 2015 was for employees to "know their numbers." The Corporate Health & Wellness Division team, along with the Wellness Professionals across HealthCare Co. locations, were tasked to reach specific goals, three of the main ones being: 1) to get 80% of employees to complete their Health Risk Assessment, 3) lower the risk for disease for 80% of the population, and 3) ensure employees have access to specific resources that promoted a "culture of health" at HealthCare Co (Wellness Professional, personal communication, 9 June 2017). While 2015 focused on a "know your numbers" approach, 2020 takes it one step further asking employees: "Ok, you got this information, do something with it" (Rachel, Manager, CWHD, personal communication, 9 March 2017). In an effort to encourage action, for employees to do something with their health information was as the promotional flyer for HealthyYOU stated: being "staying connected to your health every day." *Doing something with* their health information would take a new approach and strategy, and technology and a "mobile-first" approach played a role. With HealthyYOU, for example, information is

constantly available to an employee user, allowing for them to "connect to," and as one of HealthyYOU's promotional flyers advertised "stay connected every day."

However, when choosing a technology like HealthyYOU, the Corporate Health & Wellness Division first looks at the specific "gaps" the technology can fill and most importantly, technology that can be scalable and sustainable over extended periods of time, and across diverse employee populations. That is, it is not just a matter of choosing a technology, promoting it and then delivering it to employees. Rachel stressed this point to me in one of our conversations about HealthyYOU:

> Ok, we've got this technology, we're going to roll it out in the U.S., we need to expand it now. We need to sustain it in the countries where we launch. So, today, as we're looking at technology, because we don't just sit back and say, 'Ok, this is it. We did it. Let's wave our hands.' What we do is we look at where are our gaps? We can look at gaps in a couple of ways. But one of the primary ways is to say: 'Where is the greatest health risk of our population (Rachel, Manager, CHWD, 9 March 2017)?

As discussed in the policy section, the HRA is not the only, but primary source of data the Corporate Health & Wellness Division refers to when it comes to risk identification. But, as Rachel goes on to argue, while some might view the HRA, for instance, as a form of "education" and "awareness," it is not enough to just "know your numbers." With the HRA, employees can, as Rachel said, "put it in a folder and never look at it again until next year when somebody tells me I need to get my measures done" (personal communication, 9 March 2017). HealthyYOU became a tool that made results from the HRA easily accessible, it also incentivized employees to *want* to take their HRA, or in some cases, feel like they *had* to.

HealthyYOU leveraged gamification and a carrot-stick approach. By completing and/or tracking certain health activities employees could earn points. For instance, completing the HRA, employees could earn 1,000 points on HealthyYOU, which would allow them to redeem a $500 medical contribution discount. For many employees, $500 meant a great deal not only for their health, but for their dependents. But, in order to fill out your HRA you

needed to be able to do so. For those who speak English as a second language, just reading the questions on the assessment proved challenging. If speaking English is not a part of your everyday, this poses a cultural barrier when U.S.-based programs are designed with English speakers in mind. Lydia, who manages wellness professionals at various sites across the U.S., uses some of her sites in Texas as an example: including a site in Texas, brought up this language barrier to me during one of my visits to her east coast location: "Certain sites I oversee in Texas, English is not really the primary language. Then you're dealing with language translation. Just us doing a Health Assessment, they're sitting at our center almost *going through the questions line by line, which is really their privacy*. But t*he person says it's ok to help them to do the Assessment in order to get those 1,000 points*" (emphasis added, Lydia, personal communication, 18 May 2017). Lydia brings "privacy" to my attention, as the information provided on the HRA is really meant to be confidential. And, when it is used to tailor specific programs to an employee's health needs based on how he/she answers the HRA (e.g. being notified that they can participate in a HealthCare Co. tobacco cessation program to help them quit smoking), this information goes through a process of data deidentification. Jane, a Wellness Professional who works at a HealthCare Co. plant where English is not the first language for many employees, noted that because she and her colleagues often help the plant workers fill out their HRA they are able to see these employees' results. "We do see the results and I would say the big percentage of our risks you'll find out on the manufacturing floor" (personal communication, 29 June 2017). If employees who need the most help in terms of their health cannot fully participate in the resources available, whose health matters or counts?

Language is not the only cultural barrier employees bring from home to work. To embrace tools like HealthyYOU, employees need to embrace technology in the first place. Beth, a wellness professional who works predominantly at a HealthCare Co. plant-based

manufacturing site, described the first year of HealthyYOU as being "hard for the production folks to get on board with this. A lot of them don't even own cell phones or have a care to be involved with technology" (personal communication 29 June 2017). But, similar to Lydia's site in Texas, Beth and her team "put a lot of time in helping the production folks try to get over the technological boundaries that they may have," because when it comes time for the Health Assessment in the Fall," these employees "want to take advantage of" getting "their $500 off of their insurance." While, the Corporate Health & Wellness Division acknowledges these particular obstacles, alternatives, like using the HealthyYOU website or providing iPads and "Genius Bars" in the onsite health clinics, do not provide the same experience as compared to those who have the tool on their smart phones.

Socioeconomic status certainly complicates a "mobile-first" approach. A situation where the 'haves' and 'have nots' become distinct and visible. There is a difference in HealthyYOU participation between the "production folks" and those on "the office side of it" where "people are connected. They always have their phones on them and they're always checking their emails" (Beth, Wellness Professional, personal communication, 29 June 2017). Victoria, a campus lead, spoke of some of her more rural sites in the same way Beth spoke to hers.

> I have a site located in a small somewhat rural community and there are employees who have worked there forever and maybe never worked anywhere else. And these are *older people*, very *conservative* and not the kind who necessarily like technology. And, their union on top of that. So, [laughs] probably the most challenging site. I mean they [the Wellness Professionals and Occupational Health Nurses] did the launch [HealthyYOU], they did everything they were supposed to do, but participation wise they're on the lower end. And some of it, according to the team onsite, is *just because these are folks who are not comfortable with the technology and they don't love computers.* They don't necessarily use their cellphones for more than calling their kids. So, not necessarily the smartphone crowd" (personal conversation, 4 April 2017).

However, like Beth's production folks, the HRA does incentivize these harder to reach employees to enroll in HealthyYOU: "As people do their Health Assessment, they're getting enrolled because the team works with them to get them enrolled. But they may be accessing HealthyYOU very rarely, probably just enough to get their Health Assessment done and then they may never look at it again. Because it just isn't their life to do that. So, we still need solutions that work for those folks as well" (Victoria, CHWD, personal communication, 29 June 2017). What is also important to note in Victoria's account, the location (or site) Victoria is describing has been acquired by several large companies, with HealthCare Co. being the latest. While these employees have "worked there forever," the company they started with is now a part of HealthCare Co. Acquisitions matter, especially when a new organizational culture, such as HealthCare Co.'s, conflicts with what employees have been accustomed to.

Mitch, a director at WellnessProfessionals Inc., who primarily manages the strategy and growth of the HealthCare Co. health and wellness account, said to me that one of the challenges HealthCare Co. faces especially with its "acquired locations" is that often times, employees "want to harbor into their own legacy culture, rather than maybe fully embracing the HealthCare Co. culture, which is very health-driven in things (personal communication, 13 July 2017). Therefore, if the original company does not necessarily have a strong "culture of health" or embrace technological solutions, like HealthyYOU, then, as Victoria's story highlights, it can be "challenging." Furthermore, even if an employee has a smart phone, they may not have a company-provided smart phone. Employees do ask Wellness Professionals if the company will pay for their phone bills, especially when using their data for programs like HealthyYOU costs them money from their own pocket.

If HealthyYOU is meant to encourage employees to do something beyond just knowing their numbers, they also have to be able to do so. In addition to connecting employees to their health on a more frequent basis, HealthyYOU for many members of the

Corporate Health & Wellness Division also creates a sense of "empowerment" and "ownership" over one's health. HealthyYOU shifts "health" as something employees are responsible for; it provides a way in which employees can take control of their health behaviors on a daily basis. As such, it further expands what Rachel emphasized earlier: "we're giving you the information, now go do something with it." As I did with all my interviews, I asked my actors to describe HealthyYOU and the ways in which it impacted the organizational culture surrounding employee health and wellness.

A director in the Corporate Health & Wellness Division described HealthyYOU as way to encourage employees to become "healthy leaders."

> I love HealthyYOU because you [the employees] are actually taking ownership, and it gives you the ownership over your behavior change. I would love it if we start talking about a 'culture of health' as our ownership. I think that's where we are missing an opportunity. We want people to think about owning their health, being responsible for that. I think we have been so dependent on other people and then also we have been depending on very instant gratification. I would like to bring *'healthy leaders'* in. A health leader doesn't mean that you have to be an executive or you have to be a director. 'Healthy Leaders' and healthy people are us: your employees. *You take ownership of who you are*" (personal communication, 10 January 2018).

Focusing on just the last sentence of her statement, taking "ownership over your behavior change," shifts to wanting "people to think about owning their health," and ultimately, "take ownership of who you are." Health is not just about health, it is also about behavior change, and it is also "who you are." And in this context, who you are is not only measured by how healthy (or unhealthy) you are, but the extent to which you "do something" about it. Health is individualized and health is the individual.

While this director views health as something that more individual or individualized, another member of the Corporate Health & Wellness Division saw HealthyYOU as not only a way to empower employees individually, but as something that ultimately brings the organization together:

> We at HealthCare Co. do believe in *empowering employees with the best information and tool to allow them to manage and monitor their health in real-time*. We believe in *digital platforms* as a way to move forward, but also a greater connector than we've had in years' times past. So, HealthyYOU is *a way to connect all 130,000 of us, HealthCare Co., to be one, of one health mind if you will, with the same goals*. But, also very country-specific resources that allow employees and their families to engage in their health– when they need it, how they need it" (emphasis added, Yolanda, campus lead, CHWD, personal communication, 11 May 2017).

But, if "digital platforms" are viewed as a "way to move forward," who of the 130,000 employees are left out? If being digital is not "who you are," "who you can be" or even "who you *want* to be" then how can you ever really be "on the in," if that is even your goal? Ironically, there are many members of the Corporate Health & Wellness Division who are involved with managing HealthyYOU, but do not necessarily identify themselves as "techy" (Manager, CHWD, personal communication, 9 March 2017). Rachel emphasized, as did several of her colleagues, that technology will not touch or move everyone to be healthier or to change their health habits:

> I don't think technology can replace a human being. I think there's Artificial Intelligence that can certainly, in an academic way, get information that you need. But, at this point, I don't think we evolved technology to be able to *tell where a person is*. There are certain questions that you can ask in technology that can give you a little bit more information. But I think there's some sort of balance between *high-tech-high-touch*. I think it [technology] can be more scalable, more efficient, and particularly for those *people who are already in a state of readiness*, to take on *more in terms of their* health, um than it is for *those that are sort of in a contemplative state* (personal communication, 9 March 2017).

However, high-touch does not necessarily touch every employee, and certainly not 130,000 of them. HealthCare Co.'s onsite Fitness Centers are the epitome of high-touch services, spaces that are also equipped with its own policies that work to standardize the services and programs offered across all HealthCare Co. locations that have onsite gym facilities.

Standardizing Services: The Case of Onsite Fitness Centers

> *The Fitness Center is an employee benefit. Good recruiting tool when leadership does come through, they show them [high-level recruits]. So, we put on a good face when they come through.*
>
> - Frank, Wellness Professional, personal communication, 18 May 2017

As Frank, a wellness professional at a HealthCare Co. location on the east coast, the onsite Fitness Centers play a role in the overall employee health and wellness culture at the organization. As a recruiting tool, it directly positions HealthCare Co. as a company that cares about its employees. The fact that "company care" about their employees not only was a great "recruitment tool" for HealthCare Co. employees, it was also something that attracted wellness professionals to enter the corporate health and wellness field in the first place.

As with the programs discussed earlier, onsite fitness centers are not only spaces for exercise, they also follow the vision of "health as fun." "People always come down and are like: 'You guys are always having such a good time down here.' And so, I feel like the atmosphere in here [the fitness center] is just fun always (Beth, Wellness Professional for HealthCare Co., WellnessProfessionals Inc., personal communication, 29 June 2017). But, "fun" needs to be standardized: "We want the employee to have a similar experience at least anywhere they go. So, they can walk into a Fitness Center, they know what the rules are, they know this is what to expect. At least they'll know that they'll have a Wellness Professional there to help them. So, I think a lot of it is [has to do with] the employee experience" (Natalie, Manager, Wellness Professional, for HealthCare Co. WHQ, WellnessProfessionals Inc., personal communication, 14 June 2017).

Wellness professionals not only work as personal trainers or exercise instructors in the gym, but depending on their level (e.g. Health Specialists, Program Managers, or Area Managers), they also work to manage the gym as a business in and of itself. There is much

more that goes into running the gym than making it fun and active, it also involves standardization. In May of 2017, I spent a day in one of HealthCare Co.'s onsite fitness centers to get a better idea of what happens in the gym. Nathan, a wellness professional at an East Coast location explained to me that he constantly has "to check [his] emails because there's a lot of different things" he has to do. Nathan is a member of the "Fitness Standardization Team." He explains, "As the name implies, we standardize each fitness center, so when you go to another HealthCare Co. site, they should be relatively the same in certain ways. For example, the branding, activities we do, programs we promote and offer, deliverables. So, a lot of things should be streamlined (Nathan, Wellness Professional at HealthCare Co. East Coast IT site, WellnessProfessionals Inc., personal communication, 24 May 2017).

Two of the standard procedures implemented at each fitness center, free of charge to the employees, include the "Fitness Assessment," followed by an initial "Exercise Prescription." Upon visiting a fitness center for the first time, employee members are paired with a wellness professional who takes them through a quick 30-minute assessment to gage not only what the employee hopes to achieve at the gym (e.g. lose weight, build muscle, etc.), but also to "get a base for where they are" or the level and extent to which an employee can engage in certain activities (e.g. the amount of weights they can lift, the speed they can maintain on a treadmill, etc.). The assessments cover the basics:

> Similar to the 'Presidential Fitness Testing' you might have done when you were younger in school: It's your 'Fit and Reach Test' to check your flexibility. Cardiovascular: we would do the 'Step-Up Test,' pushups, sit-ups. Very standard Fitness Assessment and it takes about a half an hour. We have a protocol that we follow, it's across the WellnessProfessionals Inc. account for HealthCare Co. Everyone follows the same Fitness Assessment protocol (Kora, Wellness Professional, Program Manager for HealthCare Co., Wellness Professionals Inc., personal communication, 31 May 2017).

After this assessment, wellness professionals provide employees with their results or assessment "scores," their measurements and a recommendation to schedule a follow-up "Exercise Prescription." Each fitness center has an established Exercise Prescription form, that they use "across the HealthCare Co. account where [they] can write out their workout" (Kora, Wellness Professional, Program Manager for HealthCare Co., Wellness Professionals Inc., personal communication, 31 May 2017). The form is broken down into two specific parts: 1) aerobic training and 2) resistance. The aerobic training component consists of a warm up, the workout itself, and a cool down period. Focusing specifically on the aerobic workout, the prescription provides employees with a recommended frequency (e.g. a minimum of 3 days a week and a maximum of 2 days of "rest"), duration, or the length of a workout (e.g. 20-60 minutes), which depends upon the workout's intensity. Intensity is defined by two specific measures, the "Target Heart Rate (THR) Zone," and the "Perceived Exertion Scale" or "Talk Test" (Borg, 1990; Borg & Löllgen, 2001). For instance, the form advises that if an employee is "unable to hold a conversation" during the workout he or she should "decrease intensity" of the activity. Every time the employee visits the onsite fitness center, the employee can refer to this form by filling in the date of the visit, the activity they engaged in, the length of the activity, their heart rate, and their perceived exertion scale score. The resistance portion of the Exercise Prescription follows a similar model with a focus on the amount of weights being lifted at a particular fitness visit and the number of sets or "reps" the employees completed. This prescription is considered a "self-paced program" that a wellness professional "will design for an employee that [they can] then do on [their] own (Eric, Wellness Professional Program Manager for HealthCare Co., WellnessProfessionals Inc., personal communication, 24 May 2017).

In addition to these two examples, there are specific qualifications and certifications that wellness professionals must have in order to lead group exercise classes or work as

personal trainers at HealthCare Co.: "Our trainers and our group exercise instructors must come with credentials that our company recognizes. So, it's: ACE [The American Council on Exercise], AFAA [The Athletics and Fitness Association of America], NASM [The National Academy of Sports Medicine], all of those leading organizations. And they all have years of experience, so it's not a nobody" (Eric, personal communication, 24 May 2017). As the next section will highlight, how or even if employees can engage in physical activity-based programs—be it the Fitness Center, or step challenges—becomes a matter of organizational climate: 1) the way in which a particular location is run, 2) the nature of an employee's work, and 3) the relationships between and across departments, middle-management, and their employees. That is, the climate at HealthCare Co. is dynamic, "constantly changing" from location to location, and manager to manager.

Climate Change? "Buying-Into" Movement

> *A culture sustains a climate and it changes, right? Climate can be impacted by your leadership. It can be impacted by middle-management. People talk about culture, but to me it's actually climate that you're constantly trying to address, and you're trying to make sure that everybody gets it: 'Hey, this is embedded in our philosophy. This is embedded in what we do.' And, 'yes, it can enhance an employee's performance, so get on board and help an employee have access to these health opportunities.*
>
> - Rachel, Manager, CHWD, personal communication, 9 March 2017

I return to Rachel yet again. After describing the importance of culture, she went on to emphasize that for a culture to sustain a certain vision or set of norms and behaviors around employee health and wellness, it needs to adapt to an organizational climate that is constantly changing. As referenced in the previous section, getting "buy-in" from employees, and namely, their management is important to not only the success of a given employee health and wellness program, but the extent to which employees even have "access to these health

opportunities" or "permission" to engage (The Health Enhancement Research Organization-HERO, 2015, p. 2). Visions, policies, and standards can only work if they effectively "educate leaders and employees at all levels about why the policy is being initiated [in the first place] and how they can support it" (The Health Enhancement Research Organization-HERO, 2015, p. 2). Starting with the onsite fitness centers, this section will show how three key components of organization climate influence how "Healthy Movement" initiatives work (or don't) on the ground: 1) the way in which a particular location is run, 2) the nature of an employee's work, and 3) the relationships between and across departments, middle-management, and their employees.

Fitness Centers: On Shifts, Contractors & the Bottom Line

Fitness centers can only be an "employee benefit," a "company perk," if and only if an employee has access to one or has the time to do so. For example, managers at those HealthCare Co. locations with onsite manufacturing or plant-based facilities, are dealing with employee populations who work in shifts. Shift work requires employees to clock-in—when working—and clock-out—the moment they leave the factory line. Their time is logged from the moment they step into the building, to the moment they step out. Their time is quite literally their own money, and the company's bottom line. "The only way they'll leave and come over here [to the Fitness Center] is if the company will pay for them," Lydia explained (Lydia, Wellness Professional Area Manager for HealthCare Co., WellnessProfessionals Inc., personal communication, 25 May 2017). The location has to allocate a budget for production workers to be able to use the fitness center on the company's clock. Lydia's location, which has both office and manufacturing-based work, used to have that budget: "We have a few production workers that have been here for 35 years or more. When we had a program, which they were paid to come here [the fitness center], they came. As soon as the program was over, on their break-time, you'll just find them sitting out there" (personal communication, 25 May

2017). Shift workers are given two 15-minute breaks, which as Beth, another wellness professional explained makes it "it tough to come into the gym":

> By the time you come down here, if you're changing—a lot of them don't even change, they'll just kind of work out in what they have—because they only have a couple, say they have only have 10-minutes to work out and they have to go back, clock-in and go back to the floor. It's not really that conducive to a successful workout (emphasis added, Beth, Wellness Professional for HealthCare Co., WellnessProfessionals Inc., personal communication, 29 June 2017).

Beth is a wellness professional who is based at a HealthCare Co. plant site and works specifically on building a new fitness program designed for factory workers. It is a new version of a program similar to the one Lydia referred to, but is only available at certain locations because "it is an additional cost to the site" and "needs to be approved by the plant manager" (wellness professional, personal communication, 29 June 2017).

Launched in the beginning of 2016, "ShiftFit," caters specifically to HealthCare Co.'s "population of production employees, who unfortunately, don't have the flexibility to come to the gym like the rest of the people who can just schedule it on their calendar and come down whenever. They have to clock-in, and they have to clock-out, and they only have their 15-minute breaks" (Beth, Wellness Professional for HealthCare Co., WellnessProfessionals Inc., personal communication, 29 June 2017).[8] The majority of plants operate on a 24-hour cycle, with employees working in either one of three shifts: the first shift from 6am to 2pm, the second shift from 2pm to 10pm, and the third shift from 10pm to 6am, including two 15-minute breaks and one half hour lunch (breakfast or dinner) break. The "12 hours of fitness center coverage, as a minimum" does not work in at a 24-hour manufacturing location, if they want all shifts to have access to the gym (Lydia, Wellness Professional Area Manager for HealthCare Co., WellnessProfessionals Inc., personal communication, 25 May 2017). As

[8] To ensure confidentiality, I chose "ShiftFit" to replace the actual name of the HealthCare Co. program.

such, ShiftFit ensures that there is a wellness professional available during each of the three shifts.

But the program is not just in place to accommodate to the hours for each shift, it also tailors its exercise classes to the specific health needs of a particular production population: the type of work a shift worker does on the factory floor has a specific impact on his/her body. During her first initial weeks as a wellness professional at HealthCare Co., Beth knew it was important for her to understand the employee populations she would be working with:

> I went around with each of the different production lines with their leads and I asked them to show me what they do day-to-day, how are they spending most of their day. We have a polish department that takes the metal and they grind it up against the grinder to make it shiny. So, there's a lot of wrist motion and find motor movements, as opposed to the foundry where they're moving with their upper body these massive machines that are pouring metal and whatever the case may be. So, we found that they're up and down a lot– they use their fingers all the way to their large muscle groups. We felt that a full-body exercise type in a variety of ways would yield the most benefits" (personal communication, 29 June 2017).

The results, as Beth describes them, have been "worth the cost." When supervisors are able to see and "buy-into" the benefits of physical activity for their employees they are willing to pay for the program:

> ShiftFit has been such a great program, that the supervisors are kind of lenient on it, which is really great. They're not so strict to the point where every minute is accounted for. The testing alone takes maybe 5 minutes. The supervisors will just say: 'Yes, just go down anytime you can and whenever the Wellness Professional is available.' Some of the supervisors are actually giving them the entire half hour on the clock because *they're going back for overtime and they realize that when they come back for their extra three, four, five hours that they are working overtime, they're more reenergized. They're happy. They really feel that it makes so much of a difference that a half-hour of a paid break is not that big of a loss essentially*" (emphasis added, Beth, Wellness Professional for HealthCare Co., WellnessProfessionals Inc., personal communication, 29 June 2017).

While shift workers might represent the most distinct aspect of climate, and how the nature of an employee's work and their relationship to HealthCare Co. influences their access to healthy

opportunities like the fitness center, “regular” employees also have to deal with their own managers, and whether or not working out at work ‘works’ for them and their schedules. For example, as one wellness professional explained, “the biggest thing, I think, is if your manager is supportive of it [using the Fitness Center]” (personal communication, 15 June 2017). If an employee has a manger who is a “fitness enthusiast,” like HealthCare Co.’s CEO, they will be more supportive of employees who like to block out time in their calendars to go down to the gym for a workout or an exercise class. Just as each location varies, so does middle-management:

> It just depends on who your manager is and what sort of relationship you have with them. There’re some people that just don't care, and they'll work out, but they'll finish their work and do everything that they're supposed to do. So, their manager doesn't mind. There’re other people who are like: 'Oh, my boss is out, so I'll be in today' or something like that. So, I think it just depends on who their boss is and how, I guess, how much they trust them, and what sort of relationships that they have with them. But I think from the top, the message is: 'We have these Fitness Centers for you to use. So, use them!' [laughs]” (Natalie, Manager, Wellness Professional, personal communication, 14 June 2017).

However, it is not just management that impacts whether or not an employee feels comfortable using the onsite Fitness Centers, it is also about the “meeting culture.” Blocking time out of one’s calendar during lunch, for instance, might be viewed by others as an opening for a meeting: “I will give people tips to block your time and whatever; but sometimes that's not really respected and people will just throw their time over it. And, I don't think everybody has access to everybody's calendars either, so it's not like they know what that time is blocked for, they just put it on” (Natalie, Manager, Wellness Professional, personal communication, 14 June 2017).

In addition to shift workers, and full-time employees, contractors and the nature of their work and relationship to HealthCare Co. influence whether or not they can use or access employee health and wellness resources. Contractors or those that work at HealthCare Co. for

a set period of time as consultants from outside companies, have some limitations when it comes to using the HealthCare Co. fitness centers. The relationship and access contractors have to fitness centers varies depending on the wellness professional I spoke to and the location they were based. For instance, one explained that the "375 contractors on campus" are treated "very similar to employees" except they "don't have as much benefits as far as the applications and the employee services. But they are still free to everybody" (emphasis added, Frank, Wellness Professional, Program Manager for HealthCare Co., WellnessProfessionals Inc., personal communication, 18 May 2017). While another wellness professional stated that contractors are treated "slightly different site to site. Like, at my site, contractors have always been able to use the gym. At other sites that has not been the case. I believe more recently that's opened up, but I don't know for sure" (Melissa, personal communication, 2 August 2017). While Fitness Center access might be a gray area as it relates to contractors' access, the use of HealthyYOU and participation in global step challenges is very black and white: contractors simply cannot join. In order to create a HealthyYOU account, you need an employee benefit eligibility file (which comes with health benefits), a file (and benefits package) that contractors do not have.

Accessing HealthyYOU

In July of 2017, HealthCare Co. was ready to launch their next global step challenge. I was invited to attend several of the promotional events, and even jumped right in helping the wellness professionals hand out flyers and keep track of the number of employees that stopped by the table. As the lunch rush began, and employees were flooding in and out of the café, wellness professionals had to keep an eye out for which employees they should or could approach. In the sea of employees wellness professionals have to determine who is a 'real' employee versus those who are 'not': the contractors. As with other initiatives, contractors do not have the same access or eligibility criteria to participate in health and wellness initiatives.

"I feel bad for the contractors. If they have a contractor's badge, I don't even approach them" (wellness professional personal communication, 10 July 2017). However, if a contractor is not wearing a badge, or if the wellness professional does not see it, the following "awkward" conversations ensue:

> *WP1:* "Hi! Have you signed up for the step challenge?"
> *Contractor (no badge):* "Oh, I've heard of it. But, I'm a contractor."
> *WP1:* "Well, you can keep those steps up anyway."
> *WP2:* "I feel bad for the contractors."
> *WP1: "*Contractors know they can't do it. We should create something for them."

Similar to the first global step challenge, this challenge also became more than just about counting steps. It was about competition. It was about collaboration. It was about embracing organizational pride. And, it was about being a "healthy" HealthCare Co. employee. However, for steps to count, they needed to be counted, and only certain employees' steps mattered. Contractors can "keep those steps up anyway," but only for their own team of one.

Ironically, the wellness professionals, themselves—those tasked with promoting and helping employees with the challenge and corresponding technology—do not have access to HealthyYOU either. This poses some logistical obstacles: the wellness professionals' access to the technology depends upon the relationships they build not only with the employees themselves, but with their site leads. Site leads, the Occupational Health Nurses who run HealthCare Co.'s onsite health clinics are officially HealthCare Co. employees. As employees and members of the Corporate Health & Wellness Division, the site leads have full access to all the employee health and wellness services, and for the most part, before the programs are officially launched to the employee populations. In the case of HealthyYOU, if a wellness professional needs to view the full "user" interface (the admin account they are provided has limited features) their site lead's account is their access point. However, what happens when site leads, who often times are older or less familiar with the latest technology than the wellness professionals, do not have or care to own a smartphone? In these instances, having

"the right resources, to the right people at the right time" is not only important for the employees who "need to" and "want to" use the health and wellness tools, but for those individuals who are "required to" and whose job is to promote them.

With a vision in place and policies established, the Corporate Health & Wellness Division also needs to account for the organizational climate, and namely, having the right resources in place and important players on board. Climate also involves the location itself and the business conducted at a particular site. If a location has been recently acquired, employees may not feel entirely safe at the company (layoffs and reorganizations inevitably occur as a result), and therefore, having the time or care to jump on the HealthCare Co. health and wellness bandwagon might be limited or non-existent. Getting employees to "buy-in" is just as important as leadership, middle-management and making sure that "everybody gets it" to use Rachel's words. While it may be "embedded in our [HealthCare Co.] philosophy" and "embedded in what we [HealthCare Co.] do," not everyone is ready to identify as HealthCare Co. in the first place, let alone embrace its visions on health.

In designing health and wellness programs, another crucial component that needs to be considered is the physical design itself—the built environment. To make "healthy employees" move, there needs to be a healthy amount of space *to* move.

Room to Move? Making Workplaces into Physical Activity Spaces

To look at "healthy movement" by design, is as Schüll argues, to pay attention to the "dynamic interaction" between employees—as users, consumers, and testers of HealthCare Co. health and wellness resources and tools—and "the design intentions, values and methods of" organizational "environments and technologies" strategized and implemented by the Corporate Health & Wellness Division and its wellness teams (Schüll, 2012, p. 21). In addition to the global step challenge for which this chapter begins, I will also examine other "Healthy Movement" initiatives, such as the onsite Fitness Centers. These programs highlight

the ways in which new sociotechnical arrangements of visions, people, things, and environment(s) work to construct what it means to be a "healthy" and active employee, and simultaneously, isolate those who have limited opportunity to do so.

Having a gym requires having a certain budget. This is where *climate and "buy-in"* come into play. Nathan's site, as Lydia explained "has a lot of upper-level management support, so he is able to get a lot of things, expectations and equipment" (personal communication, 25 May 2017). His fitness center is located in "an operating company that makes more money and can get more things" (Lydia, personal communication, 25 May 2017). There are some HealthCare Co. locations that do not even have onsite fitness centers and rely on what one wellness professional calls "Fitness Rooms," far different from the Fitness Centers at Lydia or Nathan's site. They are smaller in size and often times require wellness professionals "to get creative," finding conference rooms to hold small morning yoga classes or weather permitting take the class outside of the building. Size, space and budget aside all fitness center-based activities "in one way at least have 12 hours of fitness center coverage, as a minimum" (Lydia, personal communication, 25 May 2017).

Concluding Remarks: A Sprint or a Marathon?

Do challenges like a step challenge or even a weight loss challenge truly encourage sustained healthy behaviors? According to one wellness professional the jury is still out on this one:

> We'll see the participation numbers, but what does that 'really' look like? Do they follow-through and then because I got relationships with some of the employees, I hear things like: 'Well, so for this month, I'll park further away, but just like last year was [the other step challenge] that'll end.' And it's really hard, cause in my mind then are we doing something that's going to help an employee to sustain this healthy behavior or are we encouraging crazy numbers for a month and then everything drops off (personal communication, 2 August 2017)?

That is, does a 30-day step challenge encourage long-term behavior change, and more importantly, rituals that will continue after the competition and incentives are taken out of the equation. As this wellness professional highlights, programs that promote activity or healthy eating most often promote episodic or temporary behavior change; and, in extreme cases, unhealthy behaviors in the name of winning a competition. In the chapter that follows, we will see if activities such as weight loss challenges, one of the many programs under the "Healthy Eating" pillar, perpetuate the same type of episodic behavior change when it comes to changing employees eating behaviors.

CHAPTER 3: "HEALTHY EATING"

"FIT FOOD" FOR "FIT" EMPLOYEES

Sheri the Soda Addict & HealthCare Co.'s Beverage Policy

> *I used to be very strong soda addict. I used to drink a Coca-Cola at like breakfast or Diet Coke. So, you can imagine: I joined HealthCare Co. and I'm there, like my first week, I noticed no one was actually drinking soda.*
>
> - Sheri, director, CHWD, personal communication, 15 February 2018

As part of the "Healthy Eating" initiative for "HealthyEmployees 2020," wellness professionals across all of the HealthCare Co. U.S.-based locations hold a variety of onsite events that educate employees on ways to incorporate healthy food options into their daily eating routines. In May of 2017, I observed several of these events, and specifically, the "Nutritious Snacking: 101" series.[9] As with other employee health and wellness programs, the Corporate Health and Wellness Division provides onsite wellness teams with a set of guidelines and speaking points. These guidelines are implemented in an effort to not only standardize messaging, but to also ensure that employees are provided with the most up-to-date and accurate nutrition information. For "Nutritious Snacking: 101" events, wellness professionals hand-out healthy food samples in the cafeterias during high-peak lunch time hours. Working with the onsite chefs and cafeteria managers, wellness professionals offer healthy snack options ranging from hummus and fresh vegetables to parfaits. Just as I did with

[9] To ensure confidentiality, I chose "Nutritious Snacking: 101" to replace the actual name used at HealthCare Co.

other events, I pulled up my sleeves, put on some plastic gloves and helped the wellness professionals set up the tables, handout samples, and tally the number of employees who chose to stop by. I accompanied Frank and Lydia, two wellness professionals at an east coast HealthCare Co. location for my first "Nutritious Snacking: 101" observation. Before heading over to the cafeteria, Frank explained to me the objectives of the event and reviewed some of the specific guidelines we needed to follow (Frank, personal communication, 25 May 2017):

1. "Snacking designed to bridge the gap between meals and sustained energy throughout your day."
2. "Promote a plant-based snack: Pretty new to me."
3. "Choose nutritionally dense whole foods, pasta."
4. "This is another new one: 5 grams of protein or fiber, so a little combination of both: 3 (protein) and-2 (fiber); 1 (protein) and 4 (fiber); or, 4 (protein) and 1 (fiber)."
5. "Less than 250 milligrams of sodium, which is pretty common unless you're eating soup. That's where you choose your Chunky versus our Campbell's. Your Chunky you are going to have 900 something milligrams, and Campbell's is going to have like 400. Same with chicken noodle soup. Progresso is good too."
6. "Mindful eating: Be aware of need versus want. Meaning, knowing what's going into your body and then what are you doing the rest of the day? Do you plan on running half a marathon at the end of the day? Ok, so now you should be eating some brown pasta, some whole wheat pasta to carb it up a bit, get your protein."

Once Frank reviewed these guidelines with me and he and Lydia gathered all the necessary promotional materials, we made our way from the Fitness Center to the cafeteria for the set-up. It was the first time I entered one of HealthCare Co.'s cafeterias, and in appearance it was like no other I had seen. As Lydia walked me through the space, she pointed out the beverage section to me in order to explain one of the major policy changes within the "Healthy Eating" initiative for 2020.

The first thing I noticed was the way the beverages were placed on the shelf—with water taking the prime real estate on the shelves. Within the "Healthy Eating" pillar, there is a policy on beverages being offered to employees onsite: only "50% of the beverages can contain sugar. They [Corporate Health & Wellness Division members] are going towards 100%" sugar-free (Lydia, personal communication, 25 May 2017). However, I did in fact see a variety of soda options. When I pointed that out to Lydia, she responded that they are "diet soda, the soda that is heavily leaned on sugar is at the bottom. The water is at the top because that is where your eyes go […] they have a lot of water. A lot of water. Water. Water. Everywhere" (personal communication, 25 May 2017).

Soda seems to be an easy place to start when it comes to changing eating (or drinking) behaviors. Soda is slowly going through a process of stigmatization. A 2016 article in the *New York Times*, asks its readers: "Can public health officials force Americans to break their soda habit" (O'Connor, 2016)? The University of California, San Francisco's (USCF) Health Sciences Center decided to conduct a study of its over 24,000 employees to examine what would happen "when people who were drinking large amounts of sugar during their workday suddenly stop" (O'Connor, 2016). At the time of this article, UCSF was believed to be the "one of the largest employers to remove sugary drinks from the workplace, making beverages such as soda "a rare sight on campus." According to the University of Wisconsin's Population Health Institute, 34 states, as well as Washington, DC implemented soda taxes in those food stores offering these types of beverages. In fact, of the 20 of the 34 states with this policy in place have "sale taxes on soda [that] are higher than the general state tax for food products" (County Health Rankings & Roadmaps, 2017). By 2017, Berkeley, Philadelphia, Boulder, Cook County (Illinois), San Francisco, Oakland and Albany passed and implemented the Sugar-Sweetened Beverage (SSB) taxes, which placed anything from a penny per ounce tax

on sugar-based drinks in Berkeley, CA to a two cent per ounce tax for those living in Cook County, IL (County Health Rankings & Roadmaps, 2017).

Like UCSF, HealthCare Co. is also looking at eliminating soda across its U.S. location. Soda proved to be one of the most commonly used examples when I spoke to members of HealthCare Co. about the organization's "Healthy Eating" policies. In a conversation with Pat, a HealthCare Co. site lead at another east coast location, she stated that:

> We're really focusing quite heavily on making changes. For instance, we are going to get rid of all the sodas on campus. So, there will be no sodas or sweetened beverages. They're big *changes* for any campus. That's one of the goals this year is to put some change management in place and get rid of the sodas, and only offer healthier beverages. Healthier beverage would be water or anything with no sugar in it. 5 grams of sugar per serving or less. That's one of the main goals" (emphasis in original, Pat, personal communication, 3 May 2017).

A director in the Corporate Health & Wellness Division went a step further—comparing soda consumption with cigarette smoking:

> A 'culture of health' is what we believe is being our personal best. *Yes, you can have a soda*. It's ok. As long as you know that you're *not depending on it. Just like smoking*. You make a choice that it's good for you. You make sure you're exercising-- you don't have to be a marathon runner and you don't have to be a triathloner [sic]. But you are doing the best you can" (emphasis added, personal communication, 10 January 2018).

In this description, drinking soda is a choice. It's not something you 'do,' but something you 'choose' to do. However, choice is qualified here: having "a soda" is not without a normative consequence. To call a choice "ok" is not to deem it necessarily or all together "bad" or "good"—it is an "in the middle" kind of choice. However, the moment you put "smoking" into the mix "ok" is no longer in the middle and it is no longer an adjective. "Ok" becomes a question of "should you?" or "do you really want to?" Smoking is not healthy, and now drinking soda has been added to the list. But the point is "choice." And whether Americans can make the "right" choice is debatable. As such, "smoking areas" are designated, and in the context of corporations, "tobacco free" campuses are not on the rise they are the norm. The same goes for soda. At HealthCare Co., soda will soon not be a choice (unless you bring it

from home). As Lydia showed me and as Image 1 directly showcases, soda is placed in the back. And soon, it will not have a place at all.

As Sheri, a new member of HealthCare Co.'s Corporate Health & Wellness Leadership Division learned, she would have to kick her soda habit (and fast). Sheri loves soda (or at least, used to love it). But in 2018, when she joined HealthCare Co. as a new director in the Corporate Health and Wellness Division she was in for a big surprise. During her first week of meetings at HealthCare Co. headquarters, she noticed something strange: "no one was actually drinking soda" (emphasis in original, personal communication, 15 February 2018)! Coca-Cola was Sheri's fix—she would drink it at breakfast, lunch and dinner. When it came time for a lunch break in between her initial week of meetings, Sheri opted for her beverage of choice, however, finding the Coca-Cola proved difficult: "it was hiding. And I could not find any, and I was a little embarrassed" (personal communication, 15 February 2018). As part of her "on-boarding" process, the Corporate Health and Wellness Division walked her through the "HealthyEmployees 2020" initiative and the policies under each of its four health pillars. It was not until she read the "Healthy Eating" policies that she realized: "they are going to take soda out! And I was like, 'Oh!' And, then I was there my first week at HealthCare Co., and I was having headaches, really terrible because I was not drinking [soda]. Because remember I was doing the whole day onsite and then there were dinner meetings, no one drinking Coke. And I said: 'Oh my god, how am I going to handle this'" (Sheri, personal communication, 15 February 2018). Being a new HealthCare Co. employee, she needed to adapt to the organizational culture, and learn to embrace the employee health policies in place. She felt the pressure even more so given her role in the organization—as a director of global health and wellness programs, Sheri not only needed to follow the rules, but she would be responsible for enforcing them. Sheri knew that if she was responsible for helping employees change their health habits, she would have to lead by example.

Once she returned to her home abroad, Sheri was determined to break-up with soda. However, she would not be the only one breaking-up—for Sheri to be successful her family had to join her cause. But first she needed to have one last hurrah with her beloved drink of choice: "The first week I went back [home] I was drinking, I don't know, like 2 liters of, bottles and bottles of Coke because I was so desperate for it." To combat this soda "addiction," Sheri had to get it out of her system: "I had to take medication, a caffeine drug. And, I had to do Coke and coffee together […] When I was drinking coffee I was also, I don't know, all this desire came back to Coke again. So, I took both out and it was really hard, and my husband also did it. Because it would be impossible if he would continue to drink it" (Sheri, personal communication, 15 February 2018). By the end, Sheri was proud to report that now she is "not drinking it anymore."

HealthCare Co.'s culture, climate and built environment, as my actors define them, act as three key elements in designing how members of the Corporate Health & Wellness Division conceptualize employee health and wellness and the ways by which an employee is made to be "healthy" or "healthier." The example of Sheri's soda addiction illustrates how organizational culture, climate and built environment work to influence her health behaviors. Just by joining HealthCare Co. she made "a huge change personally in [her] life" (personal communication, 15 February 2018). The organizational culture—its views on and policies around health, and specifically soda consumption—influenced the choices Sheri needed to start making. In addition to the HealthCare Co. culture, the built environment also impacted the extent to which Sheri even had a choice to drink Coca-Cola. As described earlier, the soda was "hidden" and she "couldn't find any." Furthermore, the nature of her new job—Sheri's place in the organizational climate—made her feel "embarrassed" and pressured to practice what she would soon preach: "So, I actually changed my personal life already for only having that policy of working at HealthCare Co. With the work environment, it's easier for me to cut it out of my life, and I've lost some weight already. It was really interesting what was

happening. No one would believe me, including my whole family. But it did work. It does work, I am the proof of it" (Sheri, personal communication, 15 February 2018).

Grounded in Schüll's approach to understanding machine gambling addiction, this chapter examines HealthCare Co.'s physical activity programs, like the Global Step Challenge, as part of a larger process of employee health and wellness design, and in this case: "healthy movement by design." To look at "healthy movement" by design, is as Schüll argues, to pay attention to the "dynamic interaction" between employees—as users, consumers, and testers of HealthCare Co. health and wellness resources and tools—and "the design intentions, values and methods of" organizational "environments and technologies" strategized and implemented by the Corporate Health & Wellness Division and its wellness teams (Schüll, 2012, p. 21). In addition to the examples for which this chapter begins, I will also examine other "Healthy Eating" initiatives, such as the piloted nutrition management app, NourishME,[10] and the use of "choice architecture" (Thaler et al., 2014) to make HealthCare Co.'s cafeterias healthy dining spaces. These programs highlight the ways in which new sociotechnical arrangements of visions, people, things, and environment(s) work to construct what it means to be a "healthy" and active employee, and simultaneously, isolate those who have limited opportunity to do so.

Combating an Unhealthy Diet by Building Culinary Literacy

> *I think one of things that we're looking at next is the nutrition piece and what's the new technology that's being used to help with that behavior change? Help make it easier for an employee to make the right choices, to cook the right choices. Because that's like the health literacy piece, I think it's a culinary literacy, you know. People don't know how to cook, so how are you going to eat appropriately if you don't know how to cook? It's impossible.*
>
> - Rachel, Manager, CHWD, personal communication, 9 March 2017

[10] To ensure confidentiality, I chose "NourishME" to replace the actual name of the app, its company and the branding used at HealthCare Co.

What does it mean to eat "healthy" in the context of HealthCare Co.? What types of eating habits do employees need to adopt in an effort to be part of the healthiest workforce? As Rachel, a manager in the Corporate Health & Wellness Division states above, employees need to have a certain amount of "culinary literacy," in order to "eat appropriately." Having a certain amount of knowledge surrounding nutrition management and understanding what constitutes 'healthy' food allows for more informed decision making. However, to stock a workplace cafeteria with healthy food is one thing, but to understand how to incorporate healthy options into one's diet and everyday routines—namely, cooking—is quite another. With the goal of establishing "culinary literacy" among HealthCare Co.'s employee population, the organization implements educational nutrition-focused events in the form of informational events, webinars, Weight Watchers programs, as well as calorie tracking tools or mobile nutrition-management apps and digital platforms. HealthCare Co.'s "Healthy Eating" pillar, as with other health and wellness initiatives, have specific nutrition-related policies—all of which are grounded in the greatest lifestyle health risks among HealthCare Co.'s employee populations. For example, "we know our greatest health risks from data that we have is, in terms of a lifestyle health-risks, is [one] unhealthy eating, meaning they're [employees are] not eating enough produce, fruits, vegetables, whole grains" (Rachel, manager in CHWD, personal communication, 9 March 2017).

Starting with the launch of "HealthyEmployees 2020," a new digital dashboard—the "HealthyEmployees 2020 Dashboard"—was introduced in order to clearly outline the specific objectives and goals for a particular health pillar. Within the dashboard, site leads (the Occupational Health Nurses that manage the employee health and wellness programs at a particular HealthCare location) need to answer a series of questions, on a quarterly basis, to document whether or not they have met specific goals. As Jane, one of HealthCare Co.'s

wellness professionals, explained it, the dashboard is fairly "black and white." Wellness professional simply "answer with either a 'yes' or a 'no'" on the dashboard (personal communication, 29 June 2017). The objective at the end of the quarter is for a site to be able to say they are "in the green," by marking each question with a "yes." The wellness professionals, who are responsible for the implementing healthy eating programs, input their answers into an Excel spreadsheet, which is then sent up to their site lead, who ultimately uploads the answers into the larger HealthyEmployees 2020 Dashboard. To better contextualize the purpose of the dashboard and the policies included in Healthy Eating, Jane pulled up her team's spreadsheet on her computer during our conversation. Jane first described two of the 10 to 12 Healthy Eating goals her and her team answered with "no": "Do you engage families on healthy eating via workshops, digital resources, and health events?" HealthCare Co. hosts a variety of cooking and nutrition-based webinars, offering them in the evenings, which some locations do "on purpose because [they] can actually make this about a goal for people's families" (site lead, CHWD, personal communication, 21 June 2017). However, measuring whether an employee and his/her family actually "engaged" with these programs can be difficult to validate. For instance, members of HealthCare Co.'s wellness teams might see participation numbers, or that "they're [employees are] receiving it, but[..] actually engaging is hard to tell" (Jane, personal communication, 29 June 2017).

Another goal for "Healthy Eating" is subsidizing healthy food options at HealthCare Co. locations. Pat, a site lead at a HealthCare Co. location explained: "The campus is looking at subsidizing the salad bar. It's about having fresh fruits three times a week free when people come into work. There will be baskets of fresh fruit three times a week, free fresh food or vegetables for 50% of the population" (personal communication, 3 May 2017). However, this is another item Jane and her team had to mark a "no" for on the HealthyEmployees 2020 Dashboard: "So, another action item within the Healthy Eating is: '*Do you provide sufficient*

quantity of free fresh fruit and/or vegetables 3 or more times per week?' So, that was a 'no' for us […] We're working on [it], I mean *it's a big.* And, *we need site leadership* to provide this because we need to select 'yes'" (emphasis added, Jane, personal communication, 29 June 2017). As Section 2.0 on organizational climate addresses in more detail, a policy can only be put into action if management and site leadership "buys-into" the goals set forth by the Corporate Health & Wellness Division. With the examples of Pat and Jane, not all sites are created equal—some locations have the budget, while others might not.

Policies not only need to take the organizational culture into account, but they also need to be mindful of employees' personal relationship to food, along with the ways their family, culture or communities' eating behaviors. Anna, a campus lead, responsible for HealthCare Co. locations in the Midwest, and the South, made an important point about the relationship between location (and geography) and employee food preferences. As she described it eating behaviors vary "from one state to another. The food they prefer" (Anna, personal communication, 11 May 2017). Anna also emphasized education and cultural values that equate food with celebration:

> If we think about education and educational levels, we have to go back to: What are your roots? What were your roots in school? How have you been raised? *How do you celebrate life?* Culturally, Puerto Rico celebrates life far greater than the US proper and I love that about it. But *they celebrate with heavy foods and often.* And, so, not that we don't use food as a celebrative event in the US, but I think there it sort of connotates *home*. When people share, it connotates home. *It's also cultural in that the wages are not the same* or where I think the same things as they do in the US, relatively speaking. So, those are, I don't want to say, cheap, but there are *less expensive ways to really celebrate and reward life among family.* So, there's kind of a paradigm shift that has to occur on *education on what they always thought to be a good thing may be killing them.* And, yea, that's a really big dichotomy" (emphasis added, personal communication, 11 May 2017).

Anna not only raises concerns about an employee's upbringing and the role food plays in his/her culture, but also the financial and socioeconomic factors that make healthy eating options undesirable and financial difficult.

Just as the amount of soda is being cut, so too are the portion sizes in HealthCare Co. cafeterias: “There's a lot of changes from what they [employees] used to have to what they will have in the future. Part of what we are trying to do is eliminate sodas from our facilities, and our cafes. *Reducing portions, reducing bowl sizes, reducing cup sizes.* And when you mess with people's food it's going to take some time for them to get used to it and to assimilate that this is good stuff for them” (emphasis added, Anna, 11 May 2017). However, beyond the policies put in place for Healthy Eating initiatives, a great deal of coordination work needs to happen between various departments. The *organizational climate* and ensuring that the right people “buy-into” or support the “Healthy Eating” policies plays a large role in the success of nutrition-based programs.

Culinary Climates: Coordination Work, Employee Eating Habits & Food Management

Getting all the various departments, vendors, and teams responsible for nutrition management, food services and café management to work together and share a similar “vision” is crucial. Managing health and wellness initiatives across campuses, and specifically, across sites is often a complex task, as the type of work, and thus, the employee population, at a site can range from factory-based environments, scientific lab, or bench work, to Research & Development, or administrative/corporate duties. This diversity requires a tailored and targeted approach to health and wellness programs—a “one size fits all” would prove to be next to impossible. Issues of access, availability, and the amount of resources (both human and nonhuman), hours of operation, and employee needs (e.g. prominent health risks) directly influence the success of a given program. The relationship between different divisions at HealthCare Co. is both complex and delicate. For example, the cafeterias are managed by a separate contracted company, which is “owned” or managed by the Facilities Division at HealthCare Co. The coordination and alignment between the Corporate Health &

Wellness Division and the Facilities Division involves a process of relationship building and mutual agreement, as each division has different goals. For instance, as it relates to the cafeterias, vending machines, or anything related to food services, Facilities is concerned with selling. Are they providing food options that employees actually want to eat and buy? There is a monetary bottom line attached to what food is offered. While the Corporate Health & Wellness Division might look at the cafeteria as a space to promote and encourage healthy eating behaviors, the Facilities Division might see it as a place to promote their food specials, and more importantly, food that sells at a particular site, among a specific population. As Rachel, a manager in the Corporate Health & Wellness Division explained, relationships and 'aligning' goals with other divisions or departments within the company takes time and a great deal of care. First, it matters who "owns" a contract, or who is responsible for deciding upon an outside vendor, managing that vendor, and determining the overall goals HealthCare Co. and that vendor are looking to achieve.

In the case of the cafeteria and the cafeteria vendors, "Facilities owns and manages the contract," and when it comes to health initiatives, "there's important pieces that are nuances that are different with that because: where I can go directly to the vendor for, obviously the Health Services, *if your Facilities partner is not thinking the same as you, in terms of what the food offerings should be and the goals and the vision, that's a problem, in terms of a health area*" (emphasis added, Rachel, personal communication 9 March 2017). That is, whereas Rachel can go directly to the wellness professionals, or site leads who are responsible for the organization's health and wellness related activities, she does not have the same reach or 'pull' with those responsible for the cafeteria and food services. If Facilities has its own policies to follow, its own "goals," "vision," that does not include making cafes "healthy" or "healthier," it becomes a "problem." For Rachel:

> The first thing that had to be done was sort of *bridge that relationship* with Facilities. And that may not be just a one conversation, it may actually take a couple of years, if there's never been a relationship. And that was the case when I first started down this path like 17 years ago. There wasn't really a relationship. So, this was kind of new and it was like: 'Why are you talking to me?' But we did. We got there. And, you know, it took a while. To the point where now we're at the table in conversations with Facilities and I have a one-on-one dialogue with our cafés, so [now] they have deliverables for us. We have 'Key Performance Indicators' that have been in the contract for many, many years really to healthy eating. And, so, those are kind of key points in terms of vendor management and working with the vendors" (emphasis added, 9 March 2017).

Therefore, including health-related "deliverables" to those responsible for food services across HealthCare Co.'s locations can still be a "struggle." It can be a struggle for the vendors working directly with Corporate Health & Wellness Division (e.g. WPs), and for those reporting to the Facilities Division (e.g. Café Managers).

When describing what wellness professionals are responsible for when it comes to HealthCare Co.'s employee health and wellness initiatives, Mitch a director at the company WellnessProfessionals Inc. that manages the HealthCare Co. account (among others) explained: "'Healthy Mind', we can do some things there. 'Healthy Eating', yes, we have the audits, *but we don't own that relationship with [the Food Services Company], so some of that is a little limiting*" (emphasis added, personal communication, 13 July 2017). Similar to Rachel, "ownership" emerged as a dominant theme—and ownership seems to agency, autonomy and the ability to enact change and/or deliver the best products/services. As Lydia, one of the wellness professionals I shadowed during HealthCare Co.'s "Nutritious Snacking: 101" event explained:

> They [the Corporate Health and Wellness Division] give you the Event Guidelines, some materials. And the [Cafeteria Manager] is going to make sure they look really good today, you know, healthy. He'll have snacks like hummus and vegetables-- he said vegetables, we'll see if he sticks to the plan and gives us the chips, which is fine, it's free. Pita chips, which we're like: 'Align, Align. You just read this: Plant. Based. Foods'" (personal communication, 25 May 2017).

For Hannah, a representative from one of HealthCare Co.'s primary café and food services vendor, providing what she refers to as "quote unquote healthy options" can be difficult when you are in the "food service managing business." "I think a big struggle for us is that we can offer as many healthy items as possible, but at the end of the day we're still in the food service managing business. We're trying to also sell, making sure we're selling the options that we are offering." This becomes particularly complex when you are dealing with particular HealthCare Co. locations and employee populations:

> You think about the manufacturing sites and a lot of them are the meat-and-potato bigger guys. And, so they're not typically going to choose [the healthier options]. So, that is a struggle sometimes because you know both as business owners, we'll put stuff that sells. But, with HealthCare Co. we usually have some kind of agreement that a certain percentage has to be quote unquote healthy options (Hannah, personal interview, 3 August 2017).

Rachel and Hannah each represent different divisions that in some way influence, shape and/or involved with healthy eating practices in HealthCare Co.'s cafés. And each describe how "ownership" and "relationships" are complex when there are goals that simultaneously align or clash.

Just as important is the coordination and negotiation work that happens between the Corporate Health & Wellness Division and the wellness professionals. For example, Frank described one policy that raised some concerns because he and his colleagues felt the recommendation was "impossible." Snack bars are often viewed as a healthy alternative for light eating throughout the day, however, with a 100-calorie maximum set in place snack bars did not make the cut. "5 grams of protein or fiber per serving, with the 250 milligrams of sodium, which is a good change for us because it makes sense now. Because when you're looking at our bars, to give you an example: This is a fruit and nut bar. And you think, oh, they're pretty good for you. But, 'Oh, 140 gram/calorie.' So, right off the bat we were struggling with the 100-calorie thing. So, they dumped 100 calories per serving" (Frank,

personal communication, 17 May 2017). He picked up a bar that he and his team offer during other "Nutritious Snacking: 101" events, and asked under the new policy whether this "will this qualify? Yes: 2 grams of fiber, 3 grams of protein. That's a legit snack" (Frank, personal communication, 17 May 2017). When I asked Frank why and how this policy changed, he explained that wellness professionals were able to convince the Corporate Health & Wellness Division that the options meeting these criteria were not going to be effective: "What are the foods? What are the packaged foods that [we could be] offering" (Frank, 17 May 2017)? And, so the wellness professionals showed members of the Corporate Health & Wellness Division the 100-calorie snacks, and as Frank described: "They went, 'Oh, [shows a very small snack] no one is going to buy these things.' So, working with the cafeteria, working with HealthCare Co.'s 'Eating Initiative,' the Corporate Health & Wellness Division [are] making compromises that are easier and more standard" (Frank, 17 May 2017).

However, just as the coordination work that happens between those that implement "Healthy Eating" programs, HealthCare Co. also needs to convince employees that healthy eating is something they should and want to integrate into their daily eating routines. That is, it is important for the organization to understand the needs and eating behaviors of its employee population.

Guiding Health Eating Behaviors at Work: The Case of NourishME

Navigating the café and making the healthiest choice is often a difficult task. Depending on an employee's schedule, the amount of time he/she might have to get and/or even eat lunch, and make decisions on what to eat, let alone healthy ones, can be daunting. HealthCare Co. employs a variety of interventions to help employees navigate and gravitate towards healthy eating behaviors. In addition to café design, the organization piloted a digital nutrition tool, NourishME that employees can access both online, as well as via a mobile app. During the time of my fieldwork, HealthCare Co. had recently launched NourishME. While

the platform is intended for HealthCare Co. employees to use both inside and outside of the workplace, its "enterprise" (or workplace-specific) features directly link to onsite food services at an employee's place of work. One such feature is a series of daily email meal recommendations as to what the company's cafeteria is serving for breakfast and lunch. These recommendations focus on the healthy options being offered. In addition to emails, the platform also provides recipes for "thousands" of meals—all of which are meant to target what a user likes to eat, any specific food allergies they may have, and account for specific nutrition deficiencies (e.g. fiber or vegetable intake). The personalized recommendations are based on a NourishME quiz a user is prompted to take when first creating an account on the platform.

NourishME provides employees with "micro-nudges" and works very much like what Schüll refers to as "governance by micro-nudge":

> To self-track is to heavily value one's choices and the need to be responsible for them while, at the same time, relieving oneself of responsibility by delegating it to external technology. What the self-delegates is the responsibility to 'calculate and act upon itself,' to paraphrase Rose's characterization of the choosing self; calculation is given over to big-data analytics while self-steering is supplemented by the data-driven nudge – or, more precisely, the micronudge (Schüll, 2016a, p. 12).

With daily emails, mobile app notifications, and information about what is being offered for lunch in the HealthCare Co. cafeterias, employees get to "relieve" themselves "of responsibility by delegating" their choices to tools like HealthCare Co.'s NourishME.

In October of 2017, I had the opportunity to conduct a set of three focus groups with employees at the NourishME pilot site. It had been a little over six months since the program began (the half-way mark into the one-year pilot) and the Corporate Health & Wellness Division wanted a "qualitative" take on both use and non-use of the tool. Based on conversations with the site lead, Pat, I had an idea as to the type of employee population I

would be speaking to. The selection of this site is important. As Pat explained, this location is a particularly unique, especially from an employee population standpoint:

> Our employees are *very well-educated* group of individuals. Most have their PhDs, are scientists because we are an R&D organization, Research & Development organization in pharma. *A very well-educated group of individuals*. Probably I would say, it would be 50/50 male-female ratio and the demographics are that they're in their mid-40s, would be the mean age. Out of those 2,000, 900 of them are scientists that are working both in the lab and at a desk-type situation. The other group of individuals, probably the other half of the campus, are support for the researchers and the research and development of drugs, our drug products, pharmaceuticals" (emphasis added, personal communication, 3 May 2017).

Pat makes clear, not once, but twice, that the majority of her employee population has advanced degrees and are in fact "very well-educated." In the context of healthy behaviors among employee populations across HealthCare Co.'s campuses, employee education levels frequently came up throughout my conversations with members of HealthCare Co. For example, when asked about the health of the employees at her site, Pat made the reference to education: "I think we have a very healthy population here. Our health risks are very low. I've worked at other HealthCare Co. locations where the health risks are very prevalent. Here, we're pretty good as a whole. And, I do think *education makes a big difference*" (emphasis added, 3 May 2017). This particular site also focuses on research and development in the area of pharmaceuticals. As such, most employees have a background in science.

I asked Pat directly why she thinks her site was chosen to pilot NourishME, and I learned that her site is often looked at as a pilot for many initiatives, and specifically, for the HealthyEmployees 2020 campaign. She stated that the leadership team at her HealthCare Co. location has historically and continuously "embraced and supported the health and wellness of the employees. I think that that's why we were asked [..] to see maybe *what other campuses might feel challenged about*" (emphasis added, Pat, CHWD, personal communication, 3 May 2017). The organizational climate plays an important role here, as getting leadership to "buy-

into" programs directly influences the extent to which their direct reports can participate. It is also important to focus on the last phrase of Pat comment: "what other campuses might feel challenged about." If this campus, as Pat described it, is relatively healthy compared to other HealthCare Co. campuses, why would this site highlight challenges? With a population that is arguably "healthy" to begin with or "healthier" by comparison to other sites, why is so much effort made to pilot initiatives at this particular location? If an initiative fails at a "healthy" site than maybe it is not even worth trying at an "unhealthy" site? Would it not make sense to pilot in populations that could really benefit from health and wellness initiatives? Is the goal to make healthy employees "healthier?"

The pilot occurred over the course of one year, at one East Coast HealthCare Co. site, and at the mid-way mark they were ready to assess its progress. Prior to the focus groups, Rachel—who also acted as my direct contact during my fieldwork—organized a strategy and logistics meeting between all members that would be either organizing or participating in the running of the focus groups: me, the Site Lead, Pat, as well as, Martin, a representative from NourishME. During this meeting I presented a PowerPoint presentation outlining the structure of the focus groups, the topics that would be addressed and discussed, and who would lead certain portions of the focus group. It was important that a member of the Corporate Health & Wellness Division team be present during the focus groups. Thus, it was decided that it would be best for Pat to introduce me and Martin and provide a brief overview of the focus group and its goals. The PowerPoint I presented also worked as a discussion tool—allowing Rachel, Pat, NourishME, and another member of the Corporate Health & Wellness Division team an opportunity to discuss the types of participants that should be recruited in order to understand a range of perspectives.

In order to understand motivations behind both use and non-use, three 45-minute focus groups were conducted—each segmented into the specific groups based on the extent of

their "engagement" with NourishMe: passive users, active users, and non-users. This would allow the team to gather insights from the pilot site employees on their knowledge of, perspectives on and use of the NourishME platform. Once a recruitment email was sent, a total of twelve employees participated in three separate focus groups on healthy eating behaviors either in-person (9) or via WebEx (3), with almost all female participants (and one male). While the primary goal was to understand employees' perceptions and knowledge of NourishME, the focus groups were in large part structured around getting participants to talk about their own daily eating routines and the role nutrition or a healthy diet played in their overall management of health. Furthermore, we wanted to understand the participants' personal use of mobile nutrition tracking tools separate and apart from NourishME. As such, apps (such as MyFitnessPal, WeightWatchers) or even grocery/meal delivery services, (such as PeaPod or BlueApron) addressed in this section are tools and resources outside of the HealthCare Co. health and wellness ecosystem. The five participants in the first focus group self-identified themselves as *passive users* or what we referred to them as "the downloaders." During the strategy process of arranging and structuring the focus groups, "passive users" were defined as those employees who had downloaded and/or enrolled in the program, either via the mobile app and/or the online platform, but do not regularly interact with the full range of NourishME offerings. The second group of four participants consisted of "active users." These employees were among those who regularly used either the NourishME mobile app and/or online platform, make use of the program's offerings, and engage with NourishME-generated emails at least once a month. The final focus group of three "non-users" looked to understand why at the time of the focus group, they did not download and/or enroll in the platform and whether were not aware or had limited knowledge of the NourishME pilot program.

While focus groups were semi-structured in nature—allowing for open and honest conversations to occur between participants— each discussion was organized around three central topic areas. The first topic focused on general *eating behaviors and routines* both inside and outside of work in order to better understand the role nutrition played in maintaining a healthy lifestyle. Second, the discussion looked to understand employees' general use of *non-company sponsored nutrition management tools and resources* or those sources found by the employees themselves without the help of the company. This gave us insight into the various ways participants manage their food choices and how these choices are incorporated into daily routines at work and at home. The final topic generated discussions around participants specific understandings of NourishME, which included a "think aloud" exercise using a live demo of the NourishME platform. Given the three groups and participant types the NourishME portion of the focus groups shed light on the motivations behind both the use or non-use of the digital program, and specifically: how participants described the platform, when and how active and passive users engaged with the mobile app and/or online platform, including the daily NourishME emails.

Across each of the three groups, nutrition and making healthy food choices play a crucial role in overall health management. As it relates specifically to notions of what it means to eat healthy, participants used common descriptions, such as: avoiding processed foods or being "aware of what has gone into your food" and choosing "pure," "fresh," and "colorful" options; sticking to smaller portions by implementing portion-control strategies, such as relying on lessons learned from programs like Weight Watchers; choosing foods that provide the most "energy" or "value," which included reducing overall sugar or carb intake in an effort to maintain energy throughout the day or choosing items that provide the most nutrients; and/or limiting the number of times they eat out, with many participants viewing cooking at

home or making meals themselves as "being a little bit more health," as it gives them the ability to control the amount of salt, seasoning and sauces that are put into their meals.

The first strategy these employees applied to their healthy food choices was to *avoid processed food*. A participant in one of the three focus groups, for instance, stated that she works on "avoiding processed foods," which she felt was a "more healthy" decision (focus group participant). When I asked her how she determined processed versus non-processed, she gave an example of one of her family's favorite dishes: chicken parmigiana. "Well, when I buy the On-Core Chicken Parmigiana [ready-made, freezer brand]. If you want chicken parmigiana you just make it, which is time consuming. I mean, you have to plan it" (focus group, 05 October 2017). The issue of *time* or lack thereof consistently came up during the focus groups with regards to meal planning, preparation, and cooking. Similarly, in an effort to avoid buying processed foods, another female participant explained that it is important that "you're buying whole foods": "I shop one time at the beginning of the week, so I kind of stock-up for the week and make sure, yea, I'm buying vegetables and fruits. Pure whole foods are better than anything that is processed and so forth" (focus group, 05 October 2017). But what exactly is "pure?" A woman in the non-user group extended the characteristic of "pure" food to that which is considered "natural": "For me, the easiest thing is to stick close to nature. I think nature has perfected it. So, I tend to try to incorporate a lot of vegetables and fresh fruits in my meals. And if I have meat I try not to overcook or process it. I do sometimes of course have grilled food because we have to have something, a balance. But, we [her and her husband] try to sort of space those out" (focus group, 05 October 2017).

In addition to "pure" and "natural," the use of "colorful" to describe healthy food was a particularly interesting insight from participants. When asked what "healthy food" means to participants one of the younger female participants in the passive NourishME focus group described it as "colorful":

> I just like to see a multi-colored plate. I feel like if I see plenty of colors on my plate that I'm doing something right. If everything's brown then I think everything has probably been fried and I'm like 'uh, oh, better go get some, you know, reds and greens, and yellows and purples and such. So, I feel like that's one of my indications that my plate is healthy if I see a lot of colors on it" (focus group, 05 October 2017).

But, one person's "colorful" plate is not necessary the same for another's: "I tend to eat a lot of protein. So, unfortunately my plate is not as colorful because I need to have extra protein because of absorption" (older female employee at HealthCare Co., Passive NourishME User, focus group, 05 October 2017). This older female participant had a gastric bypass procedure that dictated the food she chooses and thus, the "colors" on her plate.

Food, and namely, cooking has a very visual component to it—especially when it comes to eating decision-making. This is especially important to consider given that color and branding of HealthCare Co. cafeterias as well as nutrition-based tracking tools or digital platforms are designed in a way that presents food as something pleasing to the eye or photographic—as evidenced by images used in cookbooks. Cookbooks are one example of the image-based aspects of food. And cookbooks might not be necessarily used for purposes authors intended; sometimes it works as a book to display. As one participant in the active user group described: "Not that I cook a lot, but I'm excited about the pictures. I love pictures. So, I buy a lot of cookbooks that I don't use, but I love the pictures. I love the pictures and think this is something that I'll try. But I also have, my husband, who also does most of the cooking and doesn't eat a lot of things" (focus group, 2017 September 5). By contrast to processed items, foods that provide the most "energy" or "value," include those with limited amounts of sugar or carbohydrates. "I think eating healthier is having more energy. So, not getting into a sugar slump and, trying to have enough energy to get through the day (focus group, 2017 September 5).

Planning ahead was yet another strategy these employees employ. It is one thing to have general knowledge of and a desire to include healthy food options into overall eating

behaviors, however, incorporating them into daily routines is quite another. In the area of meal planning, timing is a dominant theme. *Time,* or lack-there-of, proved to be the biggest challenge and obstacle in ensuring meals are planned and healthy options readily available. Participants employ a variety of strategies, such as: a) designating a specific day of the week to buy groceries (generally a Saturday or Sunday), b) cooking meals ahead of time and even freezing options in advance, c) eating lunch or even breakfast at the onsite café to save meal-preparation time, and/or d) relying on resources such as circulars or even services such as grocery delivery options (i.e. PeaPod) or meal kits (i.e. Blue Apron). For example, as one employee explained: "We don't go grocery shopping anymore because we don't have the time. So, we use PeaPod […] So, long as you know what you want and you plan things out, it comes right to your house" (focus group, 2017 September 5).[11]

As it relates to cost, following the circulars helps participants cut monthly costs on certain foods like meat or fish: "I follow the circulars too, and I know like, beef usually goes on sale once a month, pork goes on sale once a month, chicken goes" (focus group, 2017 September 5). With options like "buy one and get one off," this participant usually buys in bulk every month to stock up during sales: "Yea, I'll buy a lot of chicken at one time, put it in the freezer. That's why I actually have a separate freezer."

Despite these routines and proactive planning behaviors, participants also acknowledged that they are not just planning a meal for themselves. Nutrition management includes everyone living in the same household. Household dynamics and disparate tastes between and across family members influenced individual employee participants' eating habits and meal planning decision-making. Whether it be dietary restrictions (such as food allergies), health conditions (caring for elderly parents) or "picky eaters" (children with different likes and dislikes), many participants all voiced the challenges faced when trying to

[11] Food cost also plays a role here, especially when it comes to food choices and where food is accessed

account for everyone's needs. There is a certain sense of negotiation and tension that occurs when attempting to be quick, easy, and heathy, on the one hand, while simultaneously providing enough variety and range on the other. One participant illustrated this process, when describing her two very "picky kids": "I don't want to make four meals every day for this one to eat, that one to eat. My daughter will usually not eat anything. So, we usually make stuff that we can all eat, which is a lot of times pretty unhealthy" (focus group, 2017 September 5). In this case, pleasing the crowd often trumps the healthier alternatives.

In an effort to manage time and the dynamics of food management both inside and outside of work, the majority of participants do utilize some type of nutrition-based resource, ranging from the high-tech (i.e. mobile apps) to more traditional or low-tech tools (i.e. hand-written grocery lists). A passive-user of NourishMe described her use of handwritten "menus": "I actually have a menu, the menu written down for whole week. I have like a little notebook that I keep. It's like usually in the kitchen and nobody reads it but me. They're always like 'What's for dinner?' I'm like: 'It's in the book'" (focus group, 2017 September 5).

The decision to use certain tools is grounded not only in personal preferences, habits and routines, but also what facet of nutrition and health they are trying to *control.* General use of nutrition-management tools and resources come into play depending upon what a particular individual is looking to achieve—be it managing a food allergy, weight, or overall health and prevention. While the primary focus of the discussion, as it relates to tools, focused on HealthCare Co.'s pilot app, it was also important to understand the other resources in the employees' nutrition-management ecosystem. For instance, at least one participant in each of three focus groups mentioned either MyFitnessPal or the Weight Watchers app as helpful in controlling and holding participants "accountable when [they] prep what [they] are going to eat for the day."

MyFitnessPal helps several participants *control* calorie intake, measure macros and manage portion size. This tool had a particular appeal to users as it allowed for specificity and efficiency. “I just started counting macros. So, I'm using an app on my phone called "MyFitnessPal" and that helps me with identifying fats, carbs, and protein. Making sure I'm getting those right amounts in. So, that you really look at the nutritional value of things that you pick up before you put them in your mouth, because you're held accountable when you prep what you are going to eat for the day” (focus group, 2017 September 5). In terms of the efficiency MyFitnessPal gives its users the ability to scan or take a picture of nutrition labels makes the process of counting calories or macros easier as compared to manually inputting or documenting specific ingredients and nutritional values.

> I use "My Fitness Pal". I love that. I can set how many calories per day. I can build recipes and it calculates out the calories for me. Then I can know what portion of a recipe I've created. You can scan things it tells me how many calories I am consuming on it” (focus group, 2017 September 5).

Those participants who do focus on *portion control* tend to avoid the cafeteria in fear of making “bad choices.” Avoiding the cafeteria is an interesting insight in that it speaks directly to HealthCare Co.’s “built environment.” Indeed, the cafeteria is at the center of onsite food and consumption.

HealthCare Co.’s Built Environment: Making Healthy Cafés

Let food be thy medicine and medicine be thy food.
—Hippocrates

Eat Food. Not too much. Mostly plants.
— Michael Pollan

My visit with Lydia and Frank was one of the first times I really spent a considerable amount of time in a HealthCare Co. cafeteria. Upon entering the space, my eyes immediately

focused on its main walls. In bold black lettering famous quotes about food and nutrition were placed throughout the entry, standing out against the clean white walls they covered. The two quotes for which this chapter begins stood out to me. What you call this space matters. As Lydia explained: "We used to call it the 'HealthCare Co. Café' and now it's the 'HealthCare Co. Marketplace' because of the décor and how they've changed it to be more like a marketplace" (personal communication, 25 May 2017). Not only did the company remove "cafeteria" as the label, but this space was renamed twice: first to "café" and then to "marketplace." Are "marketplaces" healthier? If a marketplace is not a cafeteria and not a café, how is it different from a restaurant, grocery store, or simple market? Whether intentional or not, Lydia made the association between "marketplace" and "health" for me as she guided me through the space, describing its set up and the foods offered. In fact, she noted the fresh juice placed in the "On-the-Go" section that was "made here fresh in the mornings" (Lydia, personal communication, 25 May 2017). And again, names matter. Each food "station" is artistically and professionally labeled, like a market or deli, with names such as "Roots & Seeds," "Greens," and descriptions such as "Market Fresh" and "Lettuce Celebrate." Even the walls of the "marketplace" are covered with health-inspired quotes, including one from Hippocrates: "Let food be thy medicine and medicine be thy food." Maybe if the space itself does not inspire you to be "healthy," Hippocrates might? Or, perhaps Michael Pollan will get you to: "Eat Food. Not too much. Mostly plants"?

Designing and implementing corporate health and wellness programs involve more than just the services and resources themselves. They also require physical spaces— "an environment"—within the corporate setting that allow for these programs to be put into practice. For instance, offering on-site cycling classes, would require not only bicycles, but a space to house them, store them, and most importantly, use them. As such, Fitness Centers located within an organization allow for exercise-based programs to exist in the first place and

continue in the future. These spaces are designed to promote, encourage, and reinforce the organization's commitment to employee health and wellness and to further establish a corporate "culture of health." But, Fitness Centers are obvious. They are built to be physical displays of "healthy" spaces.

While the cafeteria could also be seen in a similar manner as the Fitness Center, it offers a more complex case. "Health" might not be the first word one would associate with a worksite cafeteria. To be a "healthy place" the cafeteria must be reimagined, redesigned, and *rebranded*. According to one of HealthCare Co.'s cafeteria vendors, running a cafeteria is "more than just the food, it's everything." That is, making a cafeteria "healthy" involves a series of sociotechnical negotiations—an intricate choreography between people, food, architecture, design, sights, smells, organizational management, placement, and branding. It has to be "made" into something that is seen and experienced as "healthy"; and, its health needs to be maintained through the constant work of monitoring, auditing and evaluating (e.g. the implementation of the café audits). But how is the cafeteria "made" healthy?

Along with the policies and guidelines for "Healthy Eating" initiatives, specific processes are put into place in an effort to ensure that healthy "fit" options are being offered in HealthCare Co. cafeterias. Every two months, WPs work with cafeteria managers, onsite chefs as well as members of the Facilities team to make sure specific policies and standards are being followed as it relates to food service offerings and product placement. The audit facilitates a process of controlling employee consumption choices. Nathan, a wellness professional at an east coast HealthCare Co. location walked me through how a "cafeteria audit" works: "This is a cafeteria audit. [Pulls it out to show me] Because they [the Corporate Health & Wellness Division] want everything to be as healthy as possible regardless if the employees just want pizza, which is why we don't have pizza here. Keeps them [employees] in line" (Nathan, personal communication, 24 May 2017). Conducting an audit requires a range

of sociotechnical tools and practices: from physical pen-to-paper tallying sheets, conversations with cafeteria managers, chefs, site and campus leads to physical reports and numerical trends. Nathan pulled up his "cafeteria audit" on his computer. The spreadsheet has two columns: one listing what Nathan referred to as "action items" or "line items," followed by a column with either a number "1" or "0" placed next to each item. "What I put in those boxes is '1' that means a point. And it should add up to something. Well, let me show you, [where] we're very good. Audits, December, February, March. So, yea, we are at 105 points now. So, we're doing pretty good." A score between 99 and 109 is considered "good," with anything below resulting in getting "yelled at" (personal communication, 24 May 2017). The numerical coding of either '1' or '0' does not represent the quantity of a particular food item, but rather, a "yes" versus a "no." Once all the '1s' and '0s' are added up a final score is calculated, with numerical ranges indicating whether a site is in "the green" or in "the red". In practice, the audit is meant to ensure that the built environment—and in this case, the cafeteria—is made into a "healthy" space.

Given the difficulties in actually measuring, or rather, ensuring that the café is a "healthy space" the audit helps encourage continual translational-work when multiple stakeholders (Corporate Health & Wellness Division, wellness professionals, the Facilities department, cafeteria management vendors) are asked to work together. Thus, if we look at the audit as a research object in its own right, one could argue that it acts like what Susan Leigh Star and James R. Griesemer refer to as a *boundary object* (Star & Griesemer, 1989). In "Institutional Ecology, 'Translations' and Boundary Objects: Amateurs and Professionals in Berkeley's Museum of Vertebrate Zoology, 1907-39," Star and Griesemer argue:

> When participants in […] intersecting worlds create representations together, their different commitments and perceptions are resolved into representations – in the sense that a fuzzy image is resolved by a microscope. This resolution does not mean consensus. Rather, representations, or inscriptions, contain at every stage traces of multiple viewpoints, translations and incomplete battles […] The production of

> boundary objects is one means of satisfying these potentially conflicting sets of concerns" (Star & Griesemer, 1989, p. 413).

In this sense, the audit is not a single "protocol," but rather represents multiple and dynamic ways in which "heterogeneity and cooperation [can] coexist" (Star & Griesemer, 1989, p. 414).[12] The cafeteria audits coordinate the work of multiple stakeholders, some of whom have "conflicting sets of concerns" (see Figure 3). But also work to make the cafeteria a physical environment stocked with enough of the "right" food.

Figure 3: The Audit as a Boundary Object

While the space might be "designed" to be healthy and stocked with "fit" food options, not all employees choose to eat from the cafeteria. The cost of cafeteria food does indeed add up. Participants in the NourishME focus group also spoke about price and the cost of certain food choices. "Most of the stuff that I get from the cafeteria I typically don't like, because it's over seasoned and the portions are so big. I usually bring it from home" (focus group, 05 October 2017). In addition to price, despite the remarks that portion sizes at the HealthCare Co. café are far too large—especially for those looking to control and manage their food intake—the café is also described as being "overpriced," especially, "for what you get" (focus group, 05 October 2017). Another participant also mentioned price when it comes to making the decision to not only buy lunch from the café, but what to choose:

[12] Also see Spee and Jarzabkowski's extension of boundary object to strategic planning in organizations (Spee & Jarzabkowski, 2009).

> If I have *one of these lovely things* [she shows her free meal ticket provided for participating in the focus group] I would probably check out the specials first. The default for me is the salad bar and second would be the soup. So, if it's a soup that I like and it's bulky and I'm kinda feeling that I need something comforting then I will have a bowl of soup. Otherwise I'll have the salad, that's the default. But, if there's something special going on that piques my appetite, I'll go for that. And the special would be in that same area" (emphasis added).

As mentioned earlier, one goal in the "Healthy Eating" pillar is to subsidize healthier food options. As Pat explained: "The campus is looking at subsidizing the salads, the salad bar. There will be baskets of fresh fruit three times a week, free fresh food or vegetables for 50% of the population (personal communication, 03 May 2017). However, not all sites are created equal. A wellness professional at a predominantly manufacturing-based site faces challenges with hitting the "subsidizing" of healthier food options goal:

> Another action item within the Healthy Eating is: Do you provide sufficient quantity of free fresh fruit and/or vegetables 3 or more times per week? So, that was a 'no' for us. But that's something that we can absolutely measure because we are not doing it now. And then in the future, we're working on it. I mean it's a, a big cost, and we need site leadership to provide this because we need to select 'yes' (personal communication, 29 June 2017).

Given the cost, measuring whether or not employees take advantage of these food services is crucial for the Corporate Health & Wellness Division—are "Healthy Eating" programs actually changing employees' food choices?

On Counting Calories & Measuring Success

Having an organizational culture with a vision around healthy eating, a climate that supports organizational changes and provides the necessary resources, and a cafeteria built to nudge employees to buy healthier options does not change behavior if employees "don't have to buy it." While the cafeteria audit provides an opportunity to regularly count the amount of healthy food offered in the cafeteria, it does not necessarily account for purchasing behavior.

It was difficult for me to find an answer as to whether, who, and how data from the cafeteria cash registers are analyzed.

Furthermore, whether "Healthy Eating" programs actually encourage healthy behavior is another important factor to consider. For instance, if "Healthy Movement" worked to spark *employee engagement*, "Healthy Eating" initiatives, like "Snacking Smart Events," helped to *educate and build employees' "culinary literacy"* (manager, CHWD, personal communication, 9 March 2017). To encourage healthy eating habits, employee nutrition programs need to "help make it easier for an employee to make the right choices, to cook the right choices cause that's like a health literacy piece. I think it's a culinary literacy. If people don't know how to cook, how are you going to eat appropriately if you don't know how to cook? It's impossible" (manager, CHWD, 9 March 2017). Similar to HealthyYOU, piloted technology platforms and mobile apps, such as NourishME, work to make healthy eating choices easier (what to eat in the cafeteria to how to cook fit meals at home)—building "culinary literacy" with just a simple tap on an employee's phone. Do events like weight loss challenges truly encourage sustained healthy behaviors? According to one wellness professional the jury is still out on this one:

> With a weight loss challenge, we literally had people coming in for their first weigh-in and saying: 'We just went out for a really bad lunch hoping it would increase our numbers.' Because, then the more you lose, yeah. Or it's close to final weigh-in and 'I'm just not gonna drink water for a couple of days and not each much.' Like, that's not at all what this is about. But sometimes the programs we're running seem to facilitate that sort of behavior (personal communication, 2 August 2017).

As this wellness professional highlights, programs that promote activity (as seen in the previous chapter on "Healthy Movement") or healthy eating can promote episodic or temporary behavior change; and, in extreme cases, unhealthy behaviors in the name of winning a competition. Programs and technologies are designed and "based on sustained behavior change," and looking at whether a particular employee has "the motivation and/or

desire to make a change within a certain time frame" (manager, HealthTools Inc., a HealthCare Co. operating company, personal communication, 12 July 2017). Behavior change drives the employee health and wellness initiatives at HealthCare Co. but there needs to be motivation to change.

CHAPTER 4: "HEALTHY MIND"

HAPPY, HEALTHY & ENGAGED EMPLOYEES

Joni's Journey & the Resiliency and Energy Training Course

We all know we should eat breakfast every day.
We all know we should exercise 30-minutes a day.
But, if you're not doing it, why? Why?

- Joni, Lead of HealthCare Co.'s Resiliency and Energy Training Program, personal communication, 26 June 2017

For HealthCare Co.'s "HealthyEmployees 2020" campaign, four pillars of health – Healthy Eating, Healthy Movement, Healthy Mind, and Healthy Work—were established to tackle the three most common lifestyle health risks among its employee population: 1) *an unhealthy diet*, as explored in the chapter on "Healthy Eating"; 2) *inactivity*, as discussed in the "Healthy Movement" chapter; and, 3) *stress*, the primary goal for "Healthy Mind" programs, and the focus of this chapter. For "Healthy Eating," events like "Snacking Smart: 101," digital apps, such as the piloted nutrition management tool NourishME, or even the strategic use of the built environment and "choice architecture" in the cafeterias, all work to *educate* and strengthen employees' *culinary literacy*. These programs seek to reinforce the importance of a healthy well-balanced diet. With "Healthy Movement," events like Global Step Challenges, activity tracking via digital tools like HealthyYOU, and onsite Fitness Centers, members of the Corporate Health and Wellness Division work to not only create *awareness* around the importance of exercise, but also garner *engagement* with company provided health and wellness resources. Building a "culture of health" at HealthCare Co. that

supports and integrates movement and healthy eating into an employee's work day requires strategic design of not only the organizational culture, but also its climate and built environment. Programs and technologies are designed to facilitate "sustained behavior change," and nudge employees to find "the motivation and/or desire to make a change within a certain time frame" (manager, HealthTools Inc., a HealthCare Co. operating company, personal communication, 12 July 2017). As discussed in previous chapters, "behavior change is complex" and it takes more than just "knowing your numbers":

> Most foundations of corporate health programs are Health Assessments. You fill out a questionnaire about your health: Do you eat fruits and vegetables? Do you smoke? What's your cholesterol? All these things. Some would argue that that's education […] but, it's really awareness. That's it. And I can put that in a folder and never look at it again until next year when somebody tells me I need to get my measures done. So, the app, HealthyYOU, and what we're trying to do is an attempt to say: 'Ok, you got that information, do something with it'" (manager, CHWD, personal communication 9 March 2017).

While the example of HealthyYOU encourages employees to "do something with" the health information they receive, if employees are not ready or motivated to make healthy changes they quite frankly will not. To build on the case of HealthyYOU, one of HealthCare Co.'s campus leads, responsible for the organization's southeast locations, emphasized the importance of employee "readiness":

> In order to develop a different habit, you have to have rituals and I think I'd like to see HealthyYOU help people develop rituals. I mean really focus on that. If you want to change a behavior you gotta [sic] figure out what are the baby steps to get there and then get it rewarded. And, I'd like to see HealthyYOU have some ability to judge readiness to change—meaning help people see there is a readiness scale and if you're not ready then don't beat yourself up. What is it gonna [sic] take to get ready (personal communication, 11 May 2017)?

And, what is it "gonna take to get ready?" Knowing (or being educated and aware) that you need to make healthy behavior changes is one thing, implementing and pursuing them in your daily routines is quite another. Sometimes behavior change is a case of "mind over matter."

As part of the "Healthy Mind" pillar of health, HealthCare Co. provides employees with the opportunity to dig deeper. As Samantha, the director of mental health strategies, "workplace effectiveness" and Employee Assistance Programs (EAP) argued: "HealthCare Co. looks at both physical health and mental health as equally going together. In order for you to go exercise, you need to get enough sleep and ensure you're eating well. If you're depressed, you're not going to get up and say: 'You know what, I'm depressed, but I'm going to go walk 5 miles!' Who's going to do that" (personal communication, 10 January 2018)? That is, to be in a state of "readiness," you might have to be in the right frame of mind. Therefore, if employees "all know [they] should eat breakfast every day," and "should exercise 30-minutes a day," HealthCare Co. wants them to get to the bottom of "why," are employees not following through (Joni, lead of Resiliency and Energy Training Program, CHWD, personal communication, 26 June 2017)? In 2004, Joni, a HealthCare Co. employee, asked herself this very question during a two-day course at the Resiliency and Energy Training Center.

Joni's Journey: On Balance, Energy & a Purpose-Driven Life

Despite having a background in nutrition and dietetics, Joni found herself adopting unhealthy eating habits: "I wasn't eating breakfast or lunch until, like 2 o'clock and that was only because I could grab something really quick and take it back to my desk" (personal communication, 26 June 2017). She also knew the importance of physical activity, yet, "[she] was doing nothing but sitting in front of [her] computer." She had to ask herself "why?": if she knew all of these things "intellectually," why was she "not doing it?" Joni described herself at that time as "one of those crazy 24/7, career is everything, work all the time, no balance person." However, in 2004 she and her husband were getting ready to start a family and she vividly recalls having a coach say to her: "'If you do not open some space in your life for this child, it's never gonna happen. And you're never going to be a good mom.'" At the

recommendation of a colleague, Joni participated in a Resiliency and Energy Training course where she learned that she "needed to make significant changes in [her] life." These courses are designed to get participants to confront the "why" and ultimately construct a pathway "to get on track to be living the mission that [they] have to live" (Joni, personal communication, 26 June 2017). Joni explained, "the course so resonated with me personally. It quite frankly changed my life [.] I saw what the course did for me and my immediate desire as a training professional was to get it to as many people as I possibly could" (Joni, CHWD, personal communication, 26 June 2017).

As with Joni, the course also resonated with the former CEO of HealthCare Co. when he and his team participated in the training:

> HealthCare Co. became familiar with the Resiliency and Energy Training Center in 2008. And that was when the then CEO sent his entire leadership team to the Center. And, my understanding is within 24-hours of them returning from the course he [the former CEO] made a declaration that he was going to buy the Center. So that's how it happened. That is exactly how it happened. And within a year the Center was part of HealthCare Co. as an operating company (Joni, personal communication 26 June 2017).

However, given the "$4,500 a person" price tag that came with taking the two-day course at the Center, those who participated in the training were largely HealthCare Co. executives. However, like his predecessor, HealthCare Co.'s current CEO also was impacted by the Resiliency and Energy Training Program: "The course had such an important impact on him and his life and the first thing he wanted was for all of his family members to experience the course. And then, he wanted *all of HealthCare Co. to experience the course*" (emphasis added, Joni, personal communication, 26 June 2016). The organization needed to make some changes in course accessibility and participant make-up. Instead of having to go to the Center, HealthCare Co. needed to find a way to bring the courses to the employees. And, so in collaboration with the vice president of Human Resources, the CEO made employee

participation Resiliency and Energy Training a goal in the organization's 5-year plan for the "HealthyEmployees 2015" campaign. Their aim was to have at least 50 percent of the employee population take either the full one or two-day course or the abridged 90-minute "keynote" version.

With a vision and a policy in place, resiliency and energy management became a part of the organization's *culture of health*, and a core component of the "Healthy Mind" pillar. But what is it about the course that "so resonates with people," and so much so that a former CEO of HealthCare Co. worked to acquire the Center, and the current CEO committed to having all employees participate in training? Throughout my fieldwork, people would bring up this course using words like "energy," "personal mission," "purpose," and having the "capacity" to live at your "personal best." But I never could fully understand what those words actually meant, and what they meant in practice. How do things like "energy," "mission," and "personal best" relate to employee health and wellness? And, more importantly, what exactly is Resiliency and Energy Training? In order for me to understand the program I needed to go to the source.

In June of 2017, I connected with Joni, who joined HealthCare Co. in 2013 to help lead and bring the Resiliency and Energy Training Program directly to HealthCare Co. employees. When I asked her to explain the course and describe its impact on those who take it, she gave me the following response: "It's hard to describe the kind of transformation that it has on people. It's really hard to describe unless you experience it" (personal communication, 26 June 2017). Unfortunately, I could not take the course, so I chose the next best option: Joni walked me through her own journey.

The course is divided into three "sections": "Truth," "Purpose," and "Action." In the "truth" portion of the training, participants begin an exercise that requires them to "face the truth about where [they] are now" (Joni, personal communication, 26 June 2017). Prior to the

course, participants undergo a full biometric screening, and go through what Joni calls a "360-Feedback" process. 360-Feedback assessments are commonly used in corporate settings as a means to evaluate employee performance. First, an employee reflects on his/her own performance, while feedback is also being collected from his/her supervisors, managers, peers, and customers. This feedback allows employees to understand how their work and performance on the job are viewed by others. The Resiliency and Energy Training course takes this assessment one step further by including individuals outside of the participant's professional life: "You ask not just your colleagues and your boss, but you ask your family and your friends for feedback as well." It is not until the course that participants have the opportunity to read their feedback report. When it came time for Joni to face her truth, the "toughest feedback" she received was from her husband. She described her reaction as, "I just kicked my head and went 'ooooo' […] Intellectually I knew I should be spending more time with my husband, but I was letting work take over. And I had to make a shift. I had to make a really big shift."

However, in order to make that shift, Joni needed to define what her "mission in life" was (and is)—to connect a shift to a *purpose*, with purpose being the key ingredient to behavior change. "Purpose," the second phase of Resiliency and Energy Training has participants ask themselves: "Why am I here? Who do I really want to be when I'm at my best? And, then [has them] asses[s] the gap between where [they are] now—facing the truth—and where [they] want to be" (Joni, personal communication, 26 June 2017). At that time, Joni and her husband were getting ready to start a family, and she knew she needed a balance between work and her personal life. During our conversation Joni gave the following example of how she set her "purpose" into "action":

> My daughter is now 11, she is a big part of my purpose. And, I work from home 3 days a week so that I can be with her as much as I possibly can. You know, before she goes to get on the bus and I'm here when she gets home. She knows that when I'm

> working that she doesn't disturb me, but just taking 15-minutes with her when she comes home from school makes all the difference in the world.

Joni's example of her daughter highlights two additional aspects of the "Healthy Mind" pillar. First, it illustrates how the course helped Joni establish her purpose (and in this case, to be a "good mom"), and to replace unhealthy behaviors with new healthy rituals. In the final section of the course, Joni constructed her "action plan": "How do I get from point A to point B? And, what do I need to do every day to be able to have the *energy* that I need to be *my very best*" (emphasis added, personal communication, 26 June 2017)? To "be a good mom," for instance, Joni needed to "make space in her life," and "not let work take over." She needed to adopt strategies that allowed for work-life balance. For Joni, she was able to transform her home into an office, and her pajamas into a suit. In this ideal scenario, she can attend to her daughter, and also be present for her colleagues.

But this is not necessarily in Joni's full control. Balancing work and life require an *organizational climate* that supports and provides employees with the option and opportunity to do so. This leads to another facet of HealthCare Co.'s "Healthy Mind" initiative. Depending on the nature of an employee's work and the support or "buy-in" they receive from their managers, HealthCare Co. employees have the option for "flex-time." In fact, many of my interviews with HealthCare Co. employees took place over video conference where they participated from their home offices. Flex-time enables employees to alter their working schedules to accommodate for personal life responsibilities (e.g. child care), while also ensuring that they still remain productive and get what they need to do for HealthCare Co. done. When speaking with Michelle, a director in the Corporate Health and Wellness Division, who manages overall occupational health compliance and communication, flex-time is an important factor she believes companies should embrace:

> I think there's elements to health that we often overlook—what you might call '*upstream issues'* that connect us to how we behave and how we feel and how we think and act during the day. And those are things like *work-life balance*. And things like reassurance on the job or people telling you you've done a good job. So, we're mindful that these *all feed into one's perception of health and one's behavior when it relates to health* [.] It's more than just: 'Am I able to workout at work? And do they have healthy food in the cafeteria?' *But, 'Am I able to get flex-time, so that maybe I don't have to get to work at 8 in the morning? I can get there a little bit later and leave later and miss the traffic and that's my mental wellbeing component.'* Or, I have peace of mind and I don't have anxiety because I know my kids are in child care at our local HealthCare Co. Child Care Center (emphasis added, personal communication, 5 April 2017).

And, these "upstream issues" are important, and they are important for HealthCare Co.'s overall approach to employee health and wellness. For instance, Michelle points to the ways by which the organization uses the *built environment* to create physical spaces that allow for employee work-life balance—with HealthCare Co.'s child care centers being just one example. Samantha, referenced earlier, spoke to a 2017 Ovia Health report that found "64% of women would decide to leave their job before they have a child because they feel that their company won't support [them]— [the organization] doesn't have the appropriate facilities available" (personal communication 10 January 2018). For HealthCare Co. that is not case: "But, we're not like that. HealthCare Co. has onsite day care centers available. So, during the day if you are breast feeding, if your child happens to be in one of the child care centers at HealthCare Co, they [employees] can just go there and breast feed, and they can bond" (Samantha, lead of mental health and workplace effectiveness, HealthCare Co., personal communication, 10 January 2018).

As the Ovia Health report emphasizes: "Because 64% of women decide to leave the workforce before they have their child, companies need to support female talent from the moment these women walk in the door in order to keep their businesses relevant and successful" (Ovia Health, 2017, p. 2). Furthermore, "working women who are becoming mothers today are a flight-risk: they're open to change and actively pursue it. If employers fail

to become female- and family-friendly by making deliberate and thoughtful changes to their policies, practices, and culture, they will lose the top talent they already have and risk undermining the recruitment of new talent" (Ovia Health, 2017, p. 3). A "company that cares" is a dominant theme when members of the Corporate Health and Wellness Division speak about the benefits of these work-life balance services, especially for working moms and family dependents.

According to Joni, for instance, "people who took the Resiliency and Energy Training course were more likely to stay with HealthCare Co. than those who did not" (personal communication, 26 June 2017). She hypothesized that the reason behind this trend is employee "gratitude":

> We see this often in the feedback: When people realize that HealthCare Co. is willing to pay for a course for them that is nothing more than to help themselves—because there's nothing about this that's a product, or compliance, it's all about you. And, with employees, it's sort of like this gratitude, right? It's like a loyalty grab. And, so, if a *company like this is willing to invest in me*, I'm gonna stick around" (personal communication, 26 June 2017).

"Energy" and this sense of "renewal" become the main selling points when promoting the Resiliency and Energy Training Program. The course reframes physical aspects of health, such as exercising or eating healthy, as forms of "energy." Joni defines "energy" in two ways. First, "the scientific, physiological definition of energy is glucose plus oxygen. Glucose we get from food. Oxygen we get from moving. So, a big portion of the course is around nutrition and movement" (personal communication, 26 June 2017). As such, "Healthy Movement" and "Healthy Eating" play a role in the course curriculum. However, beyond the scientific or physiological, "energy" also gives employees "the capacity to work" and something that is needed "to be [their] very best" everyday (personal communication, 26 June 2017). In this sense, the course brings all of the pillars of health together and approaches employee participants holistically as it relates to their health and wellness. In fact, Joni often refers to

Resiliency and Energy Training as "the foundation" of HealthCare Co.'s employee health and wellness initiatives. Her colleague Michelle views the course similarly: "One of my jobs with the strategy component [of the health and wellness programs] is making sure that we do stay aligned and integrated and not siloed or going off on one thing versus another. That we keep the whole picture in mind. And, when I think about Resiliency and Energy Training, I think that does a brilliant job of keeping that integrated" (personal communication, 5 April 2017).

Towards the end of my conversation with Joni, we discussed what happens *after* an employee takes the course. How do employees stay committed to their "purpose" and stick to their "action plan?" She emphasized that employee health and wellness initiatives are meant to work together—each reinforcing and supporting the others. A work environment that provides space to move, or a cafeteria that provides healthy options, for example, each work to help employees maintain energy and sustain behavior change. For instance, Joni views HealthyYOU as a great "sustainment tool":

> We actually like to refer to HealthyYOU as a sustainment tool. So, if somebody has decided to set a ritual that they want to walk 10,000 steps a day because they are not moving, it's a way for them to track their steps, right? Or, if somebody wants to set a ritual about their food, you can track your food. Or if you want to set a ritual about your sleep, it can track your sleep. So, there's lots of ways that HealthyYOU can be used to sustain the rituals that people established in the course. And that's a really cool advantage (personal communication, 26 June 2017).

HealthyYOU's role in reinforcing the principles learned in the Resiliency and Energy Training course works much like Natasha Dow Schüll's view of self-tracking technologies: "What Foucault called *technologies of the self*—means through which individuals perform 'operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain *a certain state of happiness, purity, wisdom, perfection, or immortality*'[13]—take *an actual technological shape* in the assemblages of wire,

[13] Schüll quotes: Foucault (1988). "Technologies of the Self," in *Technologies of the Self: A Seminar with Michel Foucault*, ed. Luther H. Martin, Huck Gutman, and Patrick H. Hutton. Amherst: University of Massachusetts Press.

chips, and batteries that constitute contemporary self-tracking devices (Schüll, 2016b, p. 195). Both the "high-tech and high-touch" approaches used in designing employee health and wellness programs at HealthCare Co. represent a mix of sociotechnical "technologies of the self," whereby "the right tools, to the right people, at the right time" encourage employees to make the necessary changes needed to "attain a certain state of happiness, purity, wisdom, perfection, or immortality"—a "better quality of life" simply by being a HealthCare Co. employee (director in CWHD, personal communication, 3 March 2017; manager in CHWD, personal communication, 9 March 2017) .

"Healthy Mind" is arguably the most intimate of the four pillars of health—getting to the core of why and how employees should care about their overall health and wellness. The initiatives examined in this chapter will show that sometimes physical aspects of health come down to putting "mind over matter." Health and behavior change are more than just building awareness, increasing engagement and providing educational resources, it is also about one's capacity, motivation and readiness to change; employees have to *want* to strive *to be better, stronger, healthier, happier, more productive, high-functioning, and well-balanced.* For members of the Corporate Health and Wellness Division, health is about ensuring that "it is all running well together," physically, mentally, emotionally, and spiritually. As discussed in previous chapters, health and wellness programs "can't work in a vacuum" (Rachel, manager in CHWD, 9 March 2017). As such, "Healthy Movement" and "Healthy Eating" require having a "Healthy Mind."

Grounded in Schüll's approach to understanding machine gambling addiction, this chapter examines HealthCare Co.'s physical activity programs, like the Global Step Challenge, as part of a larger process of employee health and wellness design, and in this case: "healthy movement by design." To look at "healthy movement" by design, is as Schüll argues, to pay attention to the "dynamic interaction" between employees—as users, consumers, and

testers of HealthCare Co. health and wellness resources and tools—and "the design intentions, values and methods of" organizational "environments and technologies" strategized and implemented by the Corporate Health & Wellness Division and its wellness teams (Schüll, 2012, p. 21). Like the examples provided in the chapters on "Healthy Movement" (e.g. the design of step challenges, and tools like HealthyYOU) and "Healthy Eating" (e.g. nutrition management tools, such as NourishME), this chapter will examine the ways by which a "Healthy Mind," and specifically how a "healthy and happy" HealthCare Co. employee, is made by strategic and "scientific" design.

This design work, much like encouraging healthy movement and eating, requires HealthCare Co. to take organizational *culture*, *climate,* and the *built environment* into consideration. The *organizational culture* needs to embrace a vision that supports mental wellbeing and emotional health—recognizing the importance of treating an employee's health holistically. Correspondingly, the *organizational climate* needs to align with this vision, allowing for policies to work in practice and on the ground. That is, mental health has to be something that not only middle-management needs to consider, but an issue an employee feels comfortable discussing and dealing with in a work setting. To make what is often deemed very personal into something that can be managed and addressed in one's professional life. Along with *culture* and *climate*, the *built environment* needs to be equipped with the appropriate "brain triggers" that allow for healthy behaviors to occur (Samantha, CHWD, 10 January 2018).

In addition to the Resiliency and Energy Training courses, this chapter will also look at other "Healthy Mind" initiatives, such as the Employee Assistance Programs (EAP) and work-life balance offerings. These programs highlight the ways in which new sociotechnical arrangements of visions, people, things, and environment(s) work to construct what it means to be a "healthy" and, in this chapter's case, a "happy" HealthCare Co. employee.

Minding the Mind: Envisioning a Healthy, Happy & High-Functioning Workforce

> *When I look at health, it's not one dimensional. It's not just physical—it's physical, mental, emotional and spiritual. It's a bit like Maslow's Pyramid in that you are trying to be self-actualized. And, to get to the point where it is all running well together. You're not off one day mentally, but you're on physically. It really is a combination of those things and that has to be balanced [.] I mean at the end of the day you want people to be high-functioning in every way*
>
> -Rachel, Manager, CHWD, personal communication, 9 March 2017

An informational flyer for the Resiliency and Energy Training Program asks: "Are you leading with your best energy?" The message is paired with an image of a pyramid. The pyramid is divided into four layers moving from "Physical" at the bottom, "Emotional" and "Mental" in the middle, and "Spiritual" sitting at the top. These four areas each require a certain amount of "energy." When I first saw this flyer, I remembered one of my first interviews with Rachel, a manager in the Corporate Health and Wellness Division. In defining health, Rachel emphasized that it is multi-dimensional, something that includes physical, mental, emotional and spiritual wellbeing that all need to be "balanced." Before I unpack what "mental, emotional and spiritual wellbeing" means for HealthCare Co, I first want to focus on Rachel's reference to Maslow.

When considering the example of the Resiliency and Energy Training program, as well as Rachel's definition of health, a "healthy" HealthCare Co. employee seems to be one that is "purpose-driven" and "energized," with the "capacity" to be productive and "high-functioning." Through a process of careful design, the ultimate goal is to help employees reach self-actualization. Maslow's body of work is often adopted in the field of organizational studies. His theories on motivation, self-actualization, and positive psychology are often examined, modified and used by employers in an effort to increase "employee engagement"—

or an employee's commitment to the company and the work—as well as his/her performance and overall productivity. In *Motivation and Personality* (1954), Maslow argues thst "health is not simply the absence of disease or even the opposite of it. Any theory of motivation that is worthy of attention must deal with *the highest capacities of the healthy and strong* man as well as with the defensive maneuvers of crippled spirits" (emphasis added, 1954, p. 22). For Maslow, psychologists spent too much time examining those with "crippled spirits" when in fact "the most importance concerns of the *greatest and finest people in human history* must all be encompassed and explained [.] This understanding we shall never get from sick people alone. We must turn our attention to healthy men as well. Motivation theorists must become more positive in their orientation" (Maslow, 1954, p. 22). Maslow's use of the words "highest capacities" and its relationship to "the healthy and strong man," directly aligns with the ways in which many of my actors discuss health.

Again, to be a "healthy" employee requires the right amount of "energy" in order to have the "capacity" to be one's best or "the greatest and finest" (to use Maslow's words). It is only the truly "healthy" man that is able to be a self-actualizing person: "It is clear that, other things being equal, a man who is safe and belongs and is loved will be healthier (by any reasonable definition) than a man who is safe and belongs, but who is rejected and unloved. And if in addition, he […] develops his self-respect, then he is still more healthy, self-actualizing, or fully human" (Maslow, 1954, p. 67). Motivation for a "healthy man" is grounded in his desire "to develop and actualize his fullest potentialities and capacities" (Maslow, 1954, pp. 57–58). Maslow entered the world of "industrial psychology" in the summer of 1962 as a visiting fellow at a plant based in California. In observing plant workers, Maslow discovered that "the industrial situation may serve as the new laboratory for the study of psychodynamics, of high human development, of ideal ecology for the human being" (Maslow, 1962, p. 135). Maslow argued that with "fairly o.k. people" within a "fairly good

organization, work can actually "improve people"—work can in fact become a part of one's "purpose," "making well people grow toward self-actualization" (Maslow, 1962, p. 280).

Rachel makes a similar argument, stating: "the HealthCare Co. philosophy of health and what's important when you're looking at an employee is, do they feel that their *quality of life* is enhanced by being a HealthCare Co. employee? Are we keeping it the same or making it better? And, in return we have this belief that you'll perform better. If we are really caring about your health, you're going to perform better, and ultimately that's going to share returns for us" (emphasis added, personal communication, 9 March 2017).[14] With this in mind, how does HealthCare Co. engender a culture that works to support or improve an employee's quality of life? This section focuses on the ways in which culture impacts the organization's approach to mental, emotional and spiritual health. It unpacks HealthCare Co.'s "values and the norms" and "what people say and do"— or their behaviors by looking at two key components: 1) organizational visions and values, and 2) the policies and standards that work to shape "Healthy Mind" strategies (Rachel, manager in CHWD, personal communication, 9 March 2017).

To return to the second component of Rachel's definition of health—to be "high-functioning" and get to a state of being "self-actualized"—there needs to be a "balance" between one's physical, mental, emotional and spiritual health—"to get to a point where it is all running well together" (personal communication, 9 March 2017). But, what does "mental, emotional and spiritual health" look like and how are these aspects accounted for, especially, in the context of an organization?

What is mental health? As the lead of mental wellness initiatives at HealthCare Co., the ways by which Samantha defines mental health plays a key role in the types of programs

[14] "The good community, the good organization, the good team can help these people where the individual therapist often is helpless (emphasis added, Maslow, 1962, pp. 135–136).

and resources offered to employees. For Samantha, mental health is "brain health," which includes issues such as "depression, stress, anxiety, even schizophrenia to suicidal ideations" (personal communication, 10 January 2018). Through Employee Assistance Program reports, behavioral health reports and mental wellbeing assessments, Samantha and her team are able to assess the state of an employee's mental health. For example, Harrison, a manager at HealthTools Inc., a HealthCare Co. operating company, is a part of the team that develops HealthCare Co.'s digital Health Assessment (HRA). Once an employee completes the four specific sections of the HRA, they are provided with "action steps that [they] can take and then additional information that [they] can learn" (personal communication, 12 July 2017). These "action steps" are part of what HealthCare Co. calls "digital coaching," and depending on how an employee answers his/her HRA, certain coaching programs are offered in those areas where an employee appears to be struggling. For example, HealthCare Co. offers digital coaching for stress management as one of their eleven coaching programs. However, "brain health" is more than just depression, anxiety or, at the extreme, "suicidal ideations," it also involves the way in which certain aspects of life can "trigger the brain" into certain *emotional* states (Samantha, CHWD, personal communication, 10 January 2018).

What is emotional health? In describing emotional health, Samantha posed the following scenario: "Our brain health can trigger when you're upset after you're having a long day at a meeting and you're just tired and hungry. But then, you have to go pick up your kid at the childcare center and you had a fight with your husband, and now you have to go home" (personal communication, 10 January 2018). In this example, issues such as work-life balance come into play. Similar to Joni who had to find a way to "not let work take over," balancing family and home life while being productive at work can take a mental toll. As part of her responsibilities, Samantha is a "responsible for dependent care as well" and finding "working family solutions": "We also look at working families too, dependents. You are stressed, for

instance, because you're the sole caregiver to your parents. So, all those social aspects are important to consider when I develop my 'Healthy Mind' strategy" (Samantha, CHWD, personal communication, 10 January 2018). The Resiliency and Energy Training Program comes into play here as well. Mackenzie, a wellness professional at one of HealthCare Co.'s southeast locations is certified to lead Resiliency and Energy Training courses at the organization. When she spoke to the "purpose" portion of the course, Mackenzie touched upon the emotional aspects of health and wellness: "And, then, sort of from there, in the emotional space: what's enhancing this mission, and what's holding it back? Wanting to be the best parent in the world, as an example, but, you're completely inpatient with your family because you're giving all of your patience at work and there's no patience left when you get home. Well, maybe we need to revisit this" (Mackenzie, Manager, Wellness Professional for HealthCare Co., WellnessProfessionals Inc., personal communication, 1 June 2017).

Emotional health also involves the social aspects of an employee's life, and his/her "social interactions" both inside and outside of work (campus lead, CHWD, personal communication, 11 May 2017) For example, Elizabeth, a manager in the Corporate Health & Wellness Division, has a particular interest in the "social aspects" of the workplace:

> One of the biggest issues we have globally, in global health and certainly in public health is 'loneliness.' Social isolation, it's enormous and the workplace has such a significant role to play in that. But, the workplace at the moment is also a contributor to that loneliness. We have more people working remotely. We have types of jobs or cultural places that have a culture of no social kind of contact or aspect within the workplace. It seems very controlled, very hierarchical. So, there's a huge role for the workplace, I think, in that whole social space" (Elizabeth, global manager in CHWD, personal communication, 19 April 2017).

As we saw with the Global Step Challenge, bringing employees together in a team-based activity influenced the relationships employees had with peers, and especially, with colleagues abroad. It was in fact the social aspect of the challenge, and the integration of tracking and

chatting via HealthyYOU, that surprised several members of the Corporate Health & Wellness Division the most:

> We're trying to also bring in unique HealthCare Co. offerings. And, one of those unique kinds of elements that I think has taken off and surprised us was the social aspect of HealthyYOU. So, the Newsfeed with people posting things and congratulating one another and in the Challenges that really takes off. So, that connectedness to each other, we're spending every day, 8 hours a day with each other in that kind of fun way, but also in that encouraging way (director in CHWD, personal communication, 5 April 2017).

This "connectedness to each other" can also impact an employee's "spiritual" wellbeing.

What is spiritual health? Spiritual wellbeing is about connecting—connecting to something that "is important for you to get focused and help you connect with other people in the world, or with the environment, or with whatever is important for you as an individual" (campus lead, personal communication, 11 May 2017). In many ways, the spiritual dimension brings the principals of Resiliency and Energy Training to the fore: to find a "purpose" or personal "mission" that allows you to connect to, as Mackenzie described it: "what and who matters most to you in this one wild and crazy life" (personal communication, 1 June 2017). When she teaches the Resiliency and Energy Training course, spiritual wellbeing is addressed when participants start "identifying an ultimate mission. An ultimate mission in life, which is meant to be that beacon, that far-reaching light that keeps you going" (personal communication, 1 June 2017). By the end of the training, participants face the truth, not only about their physical health, but also its mental, emotional, and spiritual elements. Like Joni's view of Resiliency and Energy Training, Mackenzie stressed the importance of "recognizing the whole person in terms of health and wellbeing" because ultimately, "it's a win, win, win. In that the individual wins. The loved ones win. But also, the company gets a win. Because *happy, healthy employees* are going to be *more productive*" (emphasis added, Mackenzie, Manager, Wellness Professional for HealthCare Co., WellnessProfessionals Inc., personal

communication, 1 June 2017). Mackenzie's use of the word "happy" is important here as it feeds into another way in which HealthCare Co., and namely, the CEO, envisions "healthy" employees.

On Happiness: Having the "Healthiest, Happiest" Workforce in the World

> *We hear our current CEO say a lot: 'We want to have the healthiest employees in the world.' And, he also couples that with, 'healthiest, happiest employees.' Because happy seems to be popular in the last five years, which is interesting to me because it was never in the vernacular at all prior to that.*
>
> -Rachel, Manager, CHWD, personal communication, 9 March 2017

And, Rachel is right, "'happy'" does seem to be increasingly popular in the wellness space, and specifically, in the context of employee health and wellness. For instance, Paul Terry, the President and CEO of the Health Enhancement Research Organization (HERO)—a leading institution and resource for those in the employee health and wellness space—stated in a 2016 brief: "I'm happy that happiness is trending strong in our field of health and wellbeing. I'm happier still that principles of positive psychology are coming up as often as those of behavioral economics as we expand our toolkits to support people in living fuller, healthier lives" (Terry, 2016, p. 4). At the 2019 Wellness Council of America (WellCoA) Summit, "happiness expert" Stella Grizont, one of seven keynote speakers, presented on "The Science of Happiness" (Wellness Council of America, 2019). With a tagline that reads "Work Happier, Live Better," Stella's company WOOPAAH has a mission to "transform angst on the job to engagement. Boredom to excitement. Friction to peace. Confusion to clarity" (WOOPAAH, 2019). In a 2018 report from the Global Wellness Institute, happiness was identified as one of the eight "wellness" trends to watch for—predicting that 2018 will be a year where "Wellness Meets Happiness":

> We predict insights from the annual happiness reports and wider 'happiness science' will continue to grab the world's attention in 2018 and will directly shape more government policy and workplace wellness strategy – as well as what wellness businesses will (and should) increasingly focus on. Happiness is no longer some frivolous concept, as evidence mounts that it has a powerful impact on everything from physical health to employee productivity (Global Wellness Institute, 2018, p. 65).

A "culture of health" is increasingly being coupled with a "culture of happiness." As part of the "Healthy Mind" initiative, Samantha is responsible for seven key factors, one of which includes happiness: "The fifth area that I look into is *engagement*. Is there going to be sustainable growth opportunities when we launch these ["Healthy Mind"] programs? Is this really merging engagement and strategies that are going to increase *productivity*, reduce *absenteeism* or *improve their [employee] happiness* (emphasis added, 10 January 2018)? It is important to note that Samantha groups "happiness" with both "engagement" and "productivity." In this context, "engagement" has two meanings. First, Samantha wants to ensure that employees are "engaged," and use the mental health programs and resources offered at HealthCare Co. Second, that these programs encourage "sustainable growth opportunities" for the company itself—that employees are engaged in their work whereby there is an increase in workforce "productivity," and a reduction in "absenteeism" (e.g. less overall sick days and employee turnover). Samantha's description of engagement, especially as it relates to productivity, directly aligns with what two organizational psychologists, Russel Cropanzano and Thomas A. Wright (2001) argue is the "holy grail of the organizational sciences": the "happy-productive worker thesis" (2001, p. 182). The relationship between a worker's 'happiness' (at and with work) and his/her productivity levels can be traced back to the mid-19th century's "industrial betterment movement" and the rise of "welfare capitalism" (Barley & Kunda, 1992). A key focus on "betterment," was a desire, and at the time, a moral

"duty" to "remake the worker" and a focus on "the conditions of the workingman": his character, his behaviors, and his habits (Barley & Kunda, 1992, p. 367).

In order to have engaged employees, HealthCare Co. needs to engage them in the first place. Outlined in HealthCare Co.'s Mission Statement—established in the 1940s by one of its founders (and repeated by many of the HealthCare Co. employees I spoke with)—the company has an obligation to its employees, one of which includes a responsibility towards their health and wellbeing. Therefore, "engagement" begins with a company that cares to engage with their employees (e.g. offering health and wellness resources and programs), which in return will (hypothetically) encourage employees to engage in their work and with the company (e.g. increased productivity, and employee retention). From this perspective, the "happy-productive worker thesis" is a win-win in theory. But, does it hold true in practice? One of the problems with the happy-productive worker, is it is hard to measure and test. "Despite years of research, support for the happy-productive thesis remains equivocal. These ambiguous findings result from the variety of ways in which happiness has been operationalized […and] the inconsistent manner in which happiness has been understood" (Cropanzano & Wright, 2001, pp. 182–183). But, can happiness be operationalized? And, more importantly, should it? Furthermore, what if work is in fact causing an employee's unhappiness?

To have a vision of self-actualized and high-functioning happy employees, members of the Corporate Health & Wellness Division need to account for aspects of the organizational climate—the nature of an employee's work, the stability of one's job, the stigma of mental illness, and the support of middle-management. As the next section will highlight, how or even if employees can or want to engage in mental wellness resources—be it the Resiliency Training Program, Employee Assistance Programs, or employee engagement events—becomes a matter of organizational climate: 1) the way in which a particular location is run, 2)

the roles and responsibilities required on the job, and 3) the relationships between and across departments, middle-management, and their employees. The climate at HealthCare Co. is dynamic, "constantly changing" from location to location, and manager to manager, and therefore, happiness and mental stability can ebb and flow.

Climate Change? Reducing the Stigma around Mental & "Brain Health"

> *You have to be really smart and you have to put boundaries in your calendar. And that's one of the things you learn in the course because people will suck your time if you let them. And, then there is no time left for you to take care of your own energy management.*
>
> -Joni, CHWD, personal communication, 26 June 2017

Returning to Joni, in order for her to effectively balance her work and family life, she has to create boundaries so that she maintains a healthy balance—to be able to enjoy taking her daughter to her school bus in the morning and being home to greet her when she returns. While Joni's daughter knows not to disturb her mom while she is working, Joni's colleagues may not follow suit. She has global responsibilities at HealthCare Co., and her colleagues' "9 to 5" is not necessarily Joni's "9 to 5":

> There are nights when I'm on the phone until 10 o'clock at night with my colleagues in Asia, but I can do that because I work from home. And, then I have direct reports in Europe. So, my calls to Europe, I'm usually doing them at 6 or 7am in the morning because their days are almost through. Having a global job, it is much easier to accommodate the other time zones when you can be in your jammies and you don't have to comb your hair. But it also allows a little bit of flex. So, if I'm up until 10 the night before, I'm not back on a call at 6am in the morning. You have to be really smart and *you have to put boundaries in your calendar. And that's one of the things you learn in the course because people will suck your time if you let them.* And, then there is no time left for you to take care of your own energy management" (emphasis added, personal communication, 26 June 2017).

In theory, putting "boundaries in your calendar" and not letting people "suck your time" sounds reasonable, but in reality, it often proves to be difficult. For example, as the chapter on "Healthy Movement" described, many employees face some obstacles in getting support from managers to visit the onsite Fitness Centers. Blocking out time on their calendars to take an exercise class may not be a possible option if an employee's manager believes working out is something you do off the company's clock. Furthermore, while employees can attempt to block out time in their calendars to go the gym during their lunch hour, whether colleagues "respect that" can make consistent use of the Fitness Centers hard. As a wellness professional explained: "I will give people tips to block their time, but sometimes that's not really respected and people will just throw their time over it" (personal communication, 14 June 2017). The organizational *climate*, and specifically, how a supervisor chooses to manage his/her team—the extent to which he/she "buys into" HealthCare Co.'s "culture of health"—can directly dictate whether employees are able to truly take advantage of company benefits and services in the same way Joni can.

As such, not all employees are created equal—not everyone can enjoy the same benefits or flexibility that Joni does. For instance, those who work on the factory lines are operating on shifts—working from home is not an option.[15] And, whether flex-time actually works *in practice,* that is, whether it effectively provides a balance between the personal and the professional is debatable.

Budget also proves to be an obstacle when implementing certain programs that require managers to allocate funds so that their team can participate. For instance, in order to take the Resiliency and Energy Management Training, managers need to be willing to spend the

[15] It is important to note, as stated in the introductory chapter, it was not in the scope of this research to speak with the range of employees, including factory workers, to understand their views on HealthCare Co.'s health and wellness initiatives. I depend on the voices of my actors, the wellness professionals (who interact with factory workers), and members of the Corporate Health & Wellness Division who design, and at times, work with programs specifically targeted to HealthCare Co.'s manufacturing and plant-based employee populations.

money to send their team to the course. While there are now cheaper versions of the $4,500 two-day training, the courses are still expensive and need to be accounted for in a department's budget. "It's a system and a tool that we believe every employee needs in order to understand what it takes to have and maintain full and best energy. I would say that *budget constraints and I think getting all business levels aligned to that is a journey*. There's the immediate reaction of humans to resist first" (campus lead, CHWD, personal communication, 10 January 2018). This point was reinforced when one wellness professional discussed the course with an employee during a HealthyYOU promotional event I observed. When I asked him about the program, he discussed the benefits, as well as the challenges:

> We try to get everybody to take it. Once they take it, you really can see the change, and the: 'Ok, I'm here, I'm focused. I'm renewed.' The only downfall I see is the cost associated with it. Because then we are leaning on managers to put everyone, a department, through the Resiliency and Energy course. So, if they didn't budget for it in the year, you got to make sure you budget for it now" (personal communication, 18 May 2017).

And, if in fact the course is in many ways "the foundation" for health and wellness at HealthCare Co., what happens to those who are left out? Or, more crucially, need it the most? For many employees, handling the stress of reorganizations, acquisitions, job stability and potential layoffs inevitably produces stress. Wellness professionals often see first-hand the affect work-related stress has on employees, especially those employees who regularly frequent the onsite Fitness Centers. For instance, Jane, a wellness professional at one particular HealthCare Co. site that has recently merged with another company:

> When I first started here, so I've been here for about 7 years now, the first 3 or 4 years, we were just HealthCare Co., and then they acquired another medical device company that was Company Y. So, they merged together. With that transition they have been going through several different layoffs and reorganizations. A lot of people are stressed about if their job is changing, do they have job? They're outsourcing a lot of different departments here as well, particularly our facilities group. So, they're very stressed with are they going to have a job come August 1st? […] It just kind of like that unknown, which is causing a big amount of stress here" (emphasis added, Jane,

> Wellness Professional at a HealthCare Co. medical devices and R&D site on the northeast, personal communication, 29 June 2017).

When I asked Jane how her and her colleagues help in alleviating employee stress she explained: "we're fortunate enough to have an EAP onsite as well" and "we try to get [employees] them down here [the Fitness Center]. Let them know about exercise and try to get out for a walk […] But, it's been tough" (personal communication, 29 June 2017). While Jane does try to refer certain employees, who are "really struggling" to "an EAP on-site that they can go and talk to," often times they just "want to come down here [the Fitness Center] and just talk" with the wellness professionals. (Jane, personal communication, 29 June 2017). Jane's colleagues also find that the wellness professionals become as Nathan, another wellness professional describes employees' "therapists, more often than not" (Nathan, personal communication, 24 May 2017). Beth, a wellness professional at a different HealthCare Co. location, attributes this to "the connection that [the wellness professionals] have with the people here […] they feel comfortable coming to us, sometimes a little too comfortable" (Beth, personal communication, 29 June 2017).

The Employee Assistance Programs (EAP) at HealthCare Co. are in place to handle issues such as employee stress. However, whether employees utilize these services is also a matter of personal values, norms, and cultural inclinations. When I asked Samantha about the use of Employee Assistant Program resources, she acknowledged that "there's a mix. It all depends on the location" (10 January 2018). For example, those that work in a manufacturing setting are more likely to visit a counselor "because they don't have time" to see one outside of work. By contrast, those employees who work in more corporate or office-based settings often "like to go see someone outside of the workplace because of confidentiality" (Samantha, CHWD, personal communication, 10 January 2018). This raises concerns regarding socioeconomic status to not only make time to see a counselor outside of work, but to have the

financial means to do so. They may not have the luxury to account for issues of privacy and confidentiality.

In addition to the nature of work, as well as one's financial situation, an employee's culture and upbringing can also influence whether he/she is comfortable discussing mental health issues at work. As a director in the Corporate Health and Wellness Division responsible for global health and wellness initiatives, explained, "there are different ways of implementing and pushing [programs], and it is cultural depending on the country where you work":

> There is no way, for instance, in India that someone is coming to talk with a psychologist or an EAP professional at the site [work]. Not possible. In Brazil, everyone would go. They trust their employer […] I think we need to be sensitive on this cultural aspect and difference, and know how to deliver our programs" (Sheri, director, CHWD, personal communication, 15 February 2018).

The personal nature of mental health requires a reduction in the overall stigma associated with mental illness, and even more so, in the context of the workplace. Increasingly, mental health has become a focus for employee health and wellness programs. According to Samantha, "Three years ago, I don't think that employers were talking about mental wellbeing at all […] I think in the next three years, it's going to be about mental wellbeing and work-life and Employee Assistance Programs […] they are going to be a huge issue for us" (personal communication, 10 January 2018). One of the ways Samantha is trying to reduce the stigma around mental health is through HealthCare Co.'s "Mental Health Training Program." With approximately 500 employees having gone through the training, these "peer-to-peer" support networks work to provide alternative options for discussions. In an ideal world, Samantha would like employees and their manager to embrace and feel comfortable requesting "Mental Health Days": So, if I'm an employee, I can go to my boss and say: 'You know what, I'm feeling really depressed because my son or daughter injured herself. And I just really need to be home.' [Boss:] 'That's okay, you can go home, and you can have your Mental Health Day.' Those are things that we are improving" (emphasis added, Samantha, Head of Mental

Wellbeing & Workplace Effectiveness, CHWD, HealthCare Co., personal communication, 10 January 2018). Ideal, yes. Practical, the jury is still out? Putting "Mental Health Days" into practice depends upon the type of relationship an employee has with his/her manager and the extent to which an employee trusts opening up.

Getting employees to "buy-in" is just as important as leadership, middle-management and making sure that employees have opportunities to take care of their mental health. In designing health and wellness programs, another crucial component that needs to be considered is the physical design itself—the built environment. To ensure happy and healthy employees and attempt to reduce the stress of balancing work and life there needs to be spaces designed to accommodate multiple facets of an employee's every day.

Room to Breathe: Creating an Environment for Mental Wellbeing

> *I have a real interest in what we call 'happiness.' When people are doing certain things, performing certain tasks in certain environments, how do they feel about it? How engaged are they? How does it affect their health? Now, when you apply that into the workplace then that could get really interesting. And, it's something I need to try to get a bit more traction with.*
>
> -Elizabeth, manager in CHWD, personal communication, 19 April 2017
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Like HealthCare Co.'s CEO, Elizabeth, a manager in the Corporate Health & Wellness Division also has an interest in employee happiness. Using the example of those who work in HealthCare Co. factory settings, Elizabeth believes built environment and the physical aspects of the workplace can in fact influence an employee's happiness.

> If I'm going into a laboratory, say, 5 or 6 days a week, and I'm completely covered in Personal Protective Equipment [PPE]. I have basically cut out all major sounds, sights, everything that makes us as human beings and the things we are meant to experience and the things that stimulate us. And, I've been put in an environment that's completely alien. To me, fairly soul-destroying; some people might not feel so. I'm in a clinical environment where everything's white, I can't smell anything nice, I don't

> hear anything nice (I don't hear anything at all), and I've got goggles on. And, I can't even feel because I've got gloves on (personal communication, 19 April 2017).

While those in the laboratory might not feel that their environment is as "soul-destroying" as Elizabeth feels it would be, she is making the point that the work environment itself—the physical aspects and the senses of sight, smell and touch they can afford—should be considered. Her goal would be to find a way in which HealthCare Co. can measure or "gage" how an employee feels in a particular environment, while doing a specific job task: "Let's ask them. ''Okay, how do you feel?' 'Okay, I'm a 5 out of 10. And this is what I'm doing: I'm processing multiple test tubes' or whatever'" (Elizabeth, personal communication, 19 April 2017). Elizabeth believes a change in the environment could possibly help: "Let's see if we could change the PPE, change the environment, music, color, smell.' All these things—it's basic. They could be more productive. They'd be happier. Their mental state affects their physical state-- they all have a knock-on effect." (personal communication, 19 April 2017). But, to carry out assessments such as these requires other members of Corporate Health and Wellness to be on board— "it's something [Elizabeth] need[s] to try to get a bit more traction with."

There are other ways in which the built environment can be tailored to accommodate mental wellbeing. As discussed earlier with the example of Joni and being able to spend time with her daughter, Samantha also works to make life for working moms easier. "I'm bringing, it's a lactation room called 'Mamava', it's a pod. You've probably seen it in the airport. It's a movable pod. So, where a nursing mother can go in and put on their iPhone and then listen and pump. And then we also are looking at wearable pumps as well, so it's not like a huge 'Medela' pump that mom has to carry. It's a little tiny pump that you just put on your breasts and you can walk around actually and then you can breast pump at the same time." (Samantha, Head of Mental Wellbeing & Workplace Effectiveness, CHWD, HealthCare Co., personal

communication, 10 January 2018). The onsite Day Care Centers also provide new moms the opportunity to bond with their child: “We have onsite Day Care Centers available. So, during the day if you are breast feeding, if your child happens to be in one of the child care centers at HealthCare Co., they can just go there and breast feed. You can bond, and we have a pod so you can go in and you can have your own passcode. You can carry your own milk. And then also we do breast shipping. So, if you're traveling and you are breast pumping you can ship it overnight and it will be delivered to your home so that your baby will have their mommy's milk” (Samantha, Head of Mental Wellbeing & Workplace Effectiveness, CHWD, HealthCare Co., personal communication, 10 January 2018).

Measuring the Mental? On Brain Waves, Happiness Scores & Statistical Analyses

In just the first ten minutes of our hour-long conversation, Samantha used the word “happiness” and more specifically, a “happiness score” when describing her goals and responsibilities at HealthCare Co. (personal communication, 10 January 2018). Happiness score? While this was not the first time I heard “happiness,” it was the first time that I heard about a “happiness score.” As Samantha explained, this score takes into account “physical health, social health, behavioral health, mental and financial health. And then overall it will show your ‘Happiness Score’" (personal communication, 10 January 2018). In this statement Samantha clarified that this measure is based in science, primarily grounded in the principles of positive psychology—a field Samantha trained in during her graduate work in clinical psychology. Positive psychology is often referred to by its practitioners as “the science of happiness,” “the science of subjective wellbeing,” or even “the science of the good life” — with one of its key figures, Ed Diener, bestowed with the name Dr. Happiness (Diener, 2000; Diener, Oishi, & Lucas, 2012; Emmons & McCullough, 2003; Gilbert, 1992; Maslow, 1954; Seligman & Csikszentmihalyi, 2000). Therefore, it made sense that Samantha’s approach to “brain health” would include happiness. However, what does happiness look like on the

ground? What does the science look like in practice? And, in the context of HealthCare Co., how does Samantha evaluate whether or not an employee's brain is not only healthy but also happy? I would soon learn that…there are apps for that.

During our conversation, Samantha introduced me to two technologies that illustrate the rising trend in tracking, evaluating, and monitoring one's mental state (of mind): Happify and Muse. Happify, is a digital platform and mobile app that uses gamification techniques to bring "the science of happiness" directly to consumers, and as of 2016 to organizations, pharmaceutical companies and health plans. With a focus on mental health, Happify teaches its users how to harness positive emotions and focuses specifically on encouraging happy behaviors that build overall mental wellbeing. "We organized activities into the following 5 categories using the acronym STAGE: savor (mindfulness activities),[16-17] thank (gratitude activities),[18-19] aspire (optimism, best possible selves, goal setting, and meaning or purpose activities),[20]-[21] give (kindness, prosocial spending, and forgiveness activities)[22], and empathize (self-compassion and perspective-taking activities)[23]" (Carpenter J, Crutchley P, Zilca RD, Schwartz HA, Smith LK, Cobb AM, 2016).

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16 Aikens, K. A., Astin, J., Pelletier, K. R., Levanovich, K., Baase, C. M., Park, Y. Y., & Bodnar, C. M. (2014). Mindfulness Goes to Work: Impact of an Online Workplace Intervention. *Journal of Occupational and Environmental Medicine*, *56*(7), 721–731.

17 Niemiec, R. M. (2012). Mindful living: Character strengths interventions as pathways for the five mindfulness trainings. *International Journal of Wellbeing*, 2(1), 22–33

18 Emmons, R. A., & McCullough, M. E. (2003). Counting Blessings Versus Burdens: An Experimental Investigation of Gratitude and Subjective Well-Being in Daily Life. *Journal of Personality and Social Psychology*, *84*(2), 377–389.

19 Fagley, N. S. (2012). Appreciation uniquely predicts life satisfaction above demographics, the Big 5 personality factors, and gratitude. *Personality and Individual Differences*, *53*(1), 59–63.

20 Ho, M. Y., Cheung, F. M., & Cheung, S. F. (2010). The role of meaning in life and optimism in promoting well-being. *Personality and Individual Differences*, *48*, 658–663.
Layous, K., Katherine Nelson, S., & Lyubomirsky, S. (2013). What Is the Optimal Way to Deliver a Positive Activity Intervention? The Case of Writing About One's Best Possible Selves. *Journal of Happiness Studies*, *14*, 635–654.

21 Layous, K., Katherine Nelson, S., & Lyubomirsky, S. (2013). What Is the Optimal Way to Deliver a Positive Activity Intervention? The Case of Writing About One's Best Possible Selves. *Journal of Happiness Studies*, *14*, 635–654.

22 Thoits, P. A., & Hewitt., L. N. (2001). Volunteer Work and Well-Being. *Journal of Health and Social Behavior*, *42*(2), 115–131.

23 Allen, A. B., & Leary, M. R. (2010). Self-Compassion, Stress, and Coping. *Social and Personality Psychology Compass*, *4*(2), 107–118.

The Muse takes mental wellbeing one step further, looking specifically at "brain health," by as Samantha put it measuring "brain waves." The Muse is a wearable headband equipped with sensors located at both the left and right temples of a user's forehead and two in the back of its earpiece, monitors and provides visual and auditory feedback of users' brain waves in an effort to build attention, focus and mindfulness skills. While Muse is not a technology HealthCare Co. currently uses as part of its health and wellness initiatives, it is a tool Samantha was looking at and exploring:

> We can measure brain waves. One thing that I'm trying out right now is called the Muse. It's a headband that you put on your forehead and when you're highly stressed you make this very loud wave noise, and then this app will walk you through to reduce your stress, calming you down. You can refocus. So, that's the brain health. Because if your brain is over-functioning-- you know how like people say, 'My brain is fried'? that literally means your brain is fried. When you cannot think, that is when your brain is fried. And your brain makes noise. People don't know that, but it's overloaded. Your brain [waves] color changes and it makes noise. Lots of noise (Samantha, personal communication, 10 January 2018).

Little did I know, just two days after speaking with Samantha, one Yale psychology professor would make university history: "On Jan. 12, a few days after registration opened at Yale for Psyc 157, Psychology and the Good Life, roughly 300 people had signed up. Within three days, the figure had more than doubled. After three more days, about 1,200 students, or nearly one-fourth of Yale undergraduates, were enrolled […] Psychology and the Good Life […] stands as the most popular course in Yale's 316-year history" (Shimer, 2018).

CONCLUSION: HEALTH-AND-WELLNESS BY DESIGN

Doing Health at HealthCare Co.

At the start of this dissertation I introduced Frank—and throughout each of the chapters I continued to follow Frank, his fellow wellness professionals, and members of the Corporate Health & Wellness Division as they worked to get HealthCare Co. employees "to move more, eat better, and work better" (Frank, personal communication, 18 May 2017). Their work is guided by the policies and objectives that fall under four established health pillars that make up the organizations' five-year initiative, HealthyEmployees 2020. Together, these pillars—Healthy Movement, Healthy Eating, Healthy Mind, and Healthy Work—aim to combat the most prevalent health risks among HealthCare Co.'s employee population: inactivity, unhealthy diets, and stress.

These risks, along with the four health pillars, are by no means separate or distinct from one another. That is, they are designed to be integrated and overlap in an effort to treat employee health and wellness holistically: "We look at the *whole person*, not just physical or mental, or crisis management. We don't want to be reactive, we want to be proactive" (emphasis added, director, CHWD, personal communication, 10 January 2018). To look at the "whole person," however, is a difficult task, and can only be based on assumptions as to what constitutes and makes up an employee. The organization has a very specific vantage point into the lives and everyday routines of employees outside of the professional setting. In order to treat employees' health "proactively" (as the director referenced above asserts) is to assume that employees: a) are willing to share and provide the entirety of their health profile and health behaviors; b) have the capacity, ability, and access to use resources for managing their health; and c) view or evaluate their health as based on the organizations' conceptions of their health and how it should or ought to be managed. Inevitable tensions arise between visions

and practice, and not all employees and aspects of their health fit the objectives of specific programs. When I began this research, I had the following question in mind:

- First, what is the work that goes into conceptualizing health and what it means to be a "healthy employee?" How do these programs encourage employees to take the health information provided to them by their employers as "facts" about their own health and lifestyle, as well as their status as employees?
- *Second*, how do workplace health and wellness programs change what it means to be an employee at an organization committed to fostering a "culture of health?" In what ways do "healthy employees" shape the organization itself—its values, its image, and its bottom line?
- *Third,* what is the work that goes into measuring and "accomplishing" health in practice by way of traditional health and wellness resources (such as onsite fitness centers and annual Health Risk Assessments) and digital tracking tools (such as Fitbits, weight management apps or digital health coaching)? To be "productive" within the organization, employees are persuaded to act in accordance with the CEO's vision of health, follow the behaviors of peers and colleagues, and change their everyday health behaviors. For instance, the increase in number of steps employees take in a given day to meet the goals set forth by their employers. In what ways do audit, surveillance, control, and discipline within the organization by way of these programs engender employees' self-management of their health to encourage continuous and ever-changing forms of self-discipline?
- *Finally*, how do these programs blur the lines between "work" and "home," the "professional" and the "personal?"

After a journey through HealthCare Co., I am going to unpack the meaning of these questions and their situated answers in the context of my fieldwork.

The Work of Defining: What is Health at Work?

The identified employee health risks, along with the four health pillars, are by no means separate or distinct from one another. That is, they are designed to be integrated and to overlap in an effort to treat employee health and wellness holistically: "We look at the *whole*

person, not just physical or mental, or crisis management. We don't want to be reactive, we want to be proactive" (emphasis added, director, CHWD, personal communication, 10 January 2018). To look at the "whole person," however, is a difficult task, and can only be based on assumptions as to what constitutes and makes up an employee. The organization has a very specific vantage point into the lives and everyday routines of employees outside of the professional setting. In order to treat employees' health "proactively" (as the director referenced above asserts) is to assume that employees: a) are willing to share and provide the entirety of their health profile and health behaviors; b) have the capacity, ability, and access to use resources for managing their health; and c) view or evaluate their health as based on the organizations' conceptions of and visions for how health and wellness should or ought to be managed. Furthermore, the measures used to identify specific health risks (such as the Health Risk Assessment or biometric screenings) can only get to specific elements of overall health. As such, the results of these measures are in fact partial. Just as definitions of health are subjective, so too are evaluation practices.

For instance, while being overweight has its own risks, being underweight also has its own set of health consequences. But, as one wellness professional at HealthCare Co. explained to me: there is "no 'under' for waist circumference" in the biometric screenings (personal communication, 31 August 2017). She also was not entirely sure how those "cases" of being underweight are managed. These assumptions built into the design of these screenings leave conditions like anorexia out of the equation. These types of risks are not accounted for.

Accounting for the organization's *culture*, *climate*, and *built environment* is just one piece of the whole puzzle of an employee's overall health and wellbeing. What is considered healthy to one person is not necessarily the same for another. Tensions around employee health emerge not only at the employee level, but also in the context of the workplace itself.

While the goals of HealthCare Co.'s workplace health and wellness programs are to be tailored and personalized to the needs of an individual employee, organizational health policies and practices need to be standardized and organized so that wellness teams (e.g. the wellness professionals and the campus and site leads) deliver services that follow specific guidelines. Effectively measuring and accounting for the success or limitations of any one program requires consistent and comparable data points. At the employee level, for instance, health is at one point "personal," but at the same time the organization needs to standardize and measure it. These health and wellness programs by design define what is considered to be healthy and that which is considered to be unhealthy. The personal becomes standardized and placed in a well-defined box of measurements, scales, and numbers.

Mutual Self-Fashioning: Do Organizations Make Healthy Employees or Do Employees Make Healthy Organizations?

The process of implementing health and wellness programs starts with the work of conceptualizing what health, and specifically, what a "healthy employee" means or looks like. Members of the Corporate Health & Wellness Division view health as less of a "state" or "absence of" and more of a fluid process and way of being—it is being "aware of your numbers" and then actually "doing something" about it (manager, CHWD, 9 March 2017). Furthermore, health is viewed as a dynamic "journey" towards wellbeing. Health involves one's physical state—as measured by core biometric numbers (i.e. cholesterol levels or BMI)—but it is also includes one's mental, emotional and spiritual wellbeing. When health is treated as a holistic journey, notions of ownership, empowerment, energy and engagement come into play: "Each individual feeling as healthy as they want to be. So, if they feel energized, empowered—and that might mean they still have some disease, but they live with it and it's not a barrier to what they want to do. It's really about being their best" (director, CHWD, personal communication, 10 March 2017). Employee health risks are positioned as

individual lifestyle behaviors and choices. Using programs, promotional flyers, and company-sponsored resources, employees are encouraged to go through a process of individual self-fashioning. The facts the organization relays to its employees about their own individual health, and health in general, are meant to create a certain type of awareness about health that aligns with the organization's overall goals.

With "objective self-fashioning" (Downey & Dumit, 1997; Dumit, 2012) "facts-in-the-world" about health become ways by which individuals construct their identities and notions of self-hood. In the context of workplace health and wellness programs, health "facts-in-the-organization" become incorporated into the fabric of organizational life. As George, a director in the Corporate Health & Wellness Division put it: "over a certain point when you suddenly get enough people doing a behavior that really nudges the people that are not doing it [to] suddenly say: 'Oh, I better start joining in to be part of it'" (personal communication, 10 March 2017). As such, employees begin to act in ways their colleagues do—shaping their everyday behaviors at (and outside) of work to be a "part of" the "healthiest workforce."

Furthermore, positioning health risks as "lifestyle risks" places the responsibility of managing and maintaining one's health at the employee level. In other words, risks are a result of a chosen lifestyle and behaviors. For instance, one director in the Corporate Health & Wellness Division emphasized the importance of individuals owning their health—to be leaders not only for themselves, but for their peers, family members, friends, and colleagues. To create and then maintain a culture of health, employees need to become "healthy leaders":

> You take ownership as to who you are. In a 'culture of health' you don't need to be constantly reminded by people to do certain things—that's just being a leader. A leader doesn't have to be leading other people. Leading means that you are leading your life, you have your own life path. Your company can give you resources that you can take but you have to take ownership of that" (2018 January 10, phone interview).

While “lifestyle health risks” and “healthy leaders” focus on individual ownership of one’s health, HealthCare Co. recognizes that their programs “aren't going to work if you don't have culture and environment” (Rachel, 2017 March 9, phone interview).

In the process of making a healthy employee, the organization goes through its own process of self-fashioning—shaping and reconfiguring its culture, climate and built environment to fit, foster, and adapt to the health behaviors of its employee populations. As such, a feedback loop occurs—the organization can only have “the healthiest workforce in the world” if its workforce engages. In shaping employee’s health, employees inevitably shape the health of the organization.

Accounting for the organization’s culture, climate, and physical environment is just one piece of the whole puzzle. Tensions around employee health emerge not only on the employee level, but also in the context of the workplace itself. There are certain aspects of health that these programs do not (or cannot) touch, some of which are attributed to work itself. In the case of factory workers, for instance, special programs, such as ShiftFit, are put in place to make onsite fitness centers accessible between shifts. But, as discussed in Chapter 3: Healthy Movement, the 15-minute breaks between shifts make going to the gym a difficult task. While some line leaders extend breaks to thirty minutes (especially for those working overtime)—these are rare exceptions to the rules. The 15-minute breaks remain and hitting certain physical activity benchmarks at these locations challenging.

If health is as one director in the Corporate Health & Wellness Division puts it, “hard to define” and a “personal journey towards wellbeing,” then accounting for *when* employee health is accomplished becomes difficult to definitively determine. Programs need to shift, measures and outcome metrics need to be reimagined, and the ways by which health is tracked and accounted for need to evolve.

When is Health Accomplished?

Measuring employee health at HealthCare Co. ranges from the use of traditional tools (such as HRAs or attendance numbers at the onsite fitness centers), to the continual monitoring of health behaviors via digital tracking tools (such as Fitbits, calorie counting apps or digital health coaching). The use of measurements, data collection, and evaluation practices create new forms of "coercive accountability"—whereby an employee's health and their self-management of their health leads to "new norms of conduct and professional behaviors," "new kinds of subjectivity," and a way by which employees begin to self-manage or track their health, making it not only auditable, but moldable (Shore & Wright, 2000, p. 57).

Health Risk Assessments (HRAs) act like a "control of controls" (Power, 1997).The HRAs auditing system becomes the primary auditable object" (Power, 1997, p. 20). This works in three ways. First, it validates or evaluates the Corporate Health & Wellness Division's employee health and wellness efforts (e.g. the success of programs). Second, it highlights and measures the work conducted by HealthCare Co.'s wellness teams—the campus leads, site leads, nurses, and wellness professionals—tasked with promoting and delivering services and resources directly to employees. And, third, the HRAs provide employees with a tangible report on the extent to which they have changed certain unhealthy behaviors (e.g. they have lost weight, or their cholesterol levels have lowered over a given year).

While the work of the wellness professionals largely stays within the buildings of HealthCare Co.—in the fitness centers or cafeterias— the *techniques* they teach employees, the *messages* they relay, the *digital tools* they promote (e.g. HealthyYOU), and *the organization-wide challenges* they encourage employees to join are by design meant to "infiltrate how people are living today" (Jeremy, director, CHWD, personal communication, 3 March 2017). The visions, objectivities, "metrics," and policies set forth by members of the

Corporate Health & Wellness Division are designed to extend far beyond the walls of the organization. The incorporation of digital tools into workplace health and wellness programs provide new opportunities for work to extend outside of the office space. These tools represent forms of what Melissa Gregg calls "always-on devices"—each "offering ample opportunity for work to follow us out of the office" (Gregg, 2011, p. 6).

And, maintaining one's health takes work—it requires compliance to specific medication regimes, or a change in certain lifestyle behaviors such as the food one eats (Corbin & Strauss, 1985; Ferzacca, 2000; McCoy, 2009; Mol, 2009; Silvester et al., 2016). Health in and of itself is work, and as one HealthCare Co. employee stated: health and wellness programs are "just one tiny aspect of our lives. Because we've got the workload—that doesn't ever decrease, it continues to increase" (focus group, 5 October 2017). Therefore, if your work also becomes about maintaining your health, then *work never ends*.

Workplace Health & Wellness: Work without Boundaries

Whether it is a lab to test the success of health interventions and outcomes, or a space to experiment with new technologies and health-related tools, workplace health and wellness programs despite the mixed reviews do result in a return on investment for many companies. There is something "marketable" about healthy eating, healthy movement and healthy mind, as each can be repurposed, packaged and commodified for settings outside of the workplace. In Natasha Dow Schüll's (2012) examination of machine gambling, she highlights how the gambling industry "relies on residents not only for its workforce but also, increasingly for revenue" (2012, p. 8) In 1999 during the "industry's annual meeting, Las Vegas locals were frequently acknowledged as the most 'mature' of domestic machine markets. Some spoke of the city as a sort of *experimental barometer for the future, speculating that the rest of the nation would follow its model* (emphasis added, Schüll, 2012, pp. 9–10). Similar to this configuration of local Las Vegas residents and gamblers, employee participants of company-

sponsored health and wellness programs often become the "experimental barometer for the future." Employees, and the workplace more broadly, can act as a model for health and wellness interventions that can possibly provide a "model" for the "rest of the nation." As described in the Introduction of this research, former President Barack Obama emphasized the need for "everyone to play a part" in the nation's healthcare system during his 2009 address to the American Medical Association (AMA). By way of Safeway's "Healthy Measures" employee health and wellness program, Obama urged companies to follow "the example of places like Safeway that is rewarding workers for taking better care of their health, while reducing healthcare costs in the process."

But, like the relationship between the local residents of Las Vegas and the gambling industry, employees play an interesting role in the development of health and wellness programs, services, and technologies. Employees are users, producers, testers, and indirectly (or directly) participants in larger epidemiological experiments in population health and wellness.

First, employees act as beta *users* of health and wellness technologies in an effort to gage whether consumers would engage in such products. For example, during a 2016 panel sponsored by New York University's (NYU) Langone Department of Population Health Panel, one of the panelists, Dr. David Asch (an internist and professor at the Perlman School of Medicine and the Wharton School at the University of Pennsylvania, UPenn), spoke to the benefits of testing the health technologies and health-related products he and his researchers develop at UPenn's HealthCare Innovation Lab. "I have a tremendous interest in testing these things, and I think employer settings are often good ways to do that. Not that we are not worried about testing on our employees, but you can do that in a fair and equitable way, why not" Asch went on to explain:

> You wouldn't think that a healthcare innovation center would think about the health of employees—normally people think of building iPhone apps and things like that—but, in fact a core part of what we do is thinking about the health of our employees. Partly for the obvious reasons, which is we want healthy employees and we want to lower costs. But also, because we sort of try things out right at home with our employees before we try them out on our patients (2016).

In the case of HealthCare Co., for instance, Joni, the lead of HealthCare Co.'s Resiliency and Energy Training Program, described employees as the "best marketers." While Joni manages the training specifically for HealthCare Co. employees, the Resiliency and Energy Training Center is also a HealthCare Co. operating company. That is, HealthCare Co. receives additional revenue and profits from other companies, or individuals interested in participating in the Resiliency and Energy Training Center's programs. As described in Chapter 4 on "Healthy Mind," the former CEO visited the center with his leadership team, enjoyed it so much that he bought the center. "Within 24-hours of them returning from the course he made a declaration that he was going to buy the Resiliency and Energy Training Center" (Joni, personal communication, 26 June 2017). "From an executive's perspective there's a real desire for HealthCare Co. to put HealthCare Co. products in the hands of HealthCare Co. employees" (Harrison, Account Manager, HealthTools Inc., personal communication, 12 July 2017).

Second, employees also act as *developers*, often, involved in the process of product design and redesign. For example, any time a new health and wellness technology or mobile app is developed, HealthCare Co. always goes through a "beta process" and/or "pilot." The beta and pilot phase of development allows for HealthCare Co. to test out bugs with a particular technology, receive feedback from individual employees, as well as gage the extent to which the larger employee population—or HealthCare Co.'s outside consumer base—will engage with these products. In this sense, how can HealthCare Co. employee engagement and interaction translate into overall consumer marketplace engagement and profit? In Chapter 2 on Healthy Movement we were introduced to HealthCare Co.'s HealthyYOU mobile app.

Before the app was launched to various HealthCare Co. locations in the U.S., various members of the Corporate Health & Wellness Division, include campus and site leads, as well as occupational health nurses tested out the technologies where meetings would be held to gather feedback on overall usability, technological glitches, or specific features to highlight or remove all together. Similarly, in Chapter 3 on Healthy Eating, focus groups with employees at the one site the digital nutrition app and platform, NourishME, was piloted provided opinions as to what they liked and disliked the app, and the rationale behind whether or not they used the tool. Lastly, HealthCare Co. employees were able to use the new Digital Health Risk Assessment (HRA), developed by HealthTools Inc. (a HealthCare Co. operating company), to be sold to outside clients.

Third, and most centrally, employees are part of *the health and wellness laboratory that is the workplace*—a space by which health and wellness interventions can be tested, outcomes measured and assessed, and a starting point for public or population health efforts.

A Microcosm of America: Workplaces as Health Laboratories

The workplace, for many in government as well as the healthcare industry, acts as a living laboratory for understanding health, wellness, and lifestyle behaviors—with larger dispersed organizations and their "the combined workforce [acting like a] microcosm of America" (Ross, 2018). This quote appeared in a 2018 *STAT* news article in response to Dr. Atul Gawande—a renowned surgeon, prolific writer, and public health advisor—recent healthcare venture that many deemed "the riskiest move of his career" (Ross, 2018).

With funding from Jeff Bezos of Amazon, Warren Buffet of Berkshire Hathaway, and Jaime Dimon of JPMorgan Chase, Gawande is now CEO of a non-profit called Haven. Working with employee populations from Amazon, Berkshire Hathaway, and JPMorgan Chase gives, according to Gawande 1.2 million patients that make up "ordinary America" and "across the entire country" (Gawande, 2018). As he explains it:

> This is ordinary America—they are across the entire country. I get to have and have to worry about and have to learn about the life and needs of, you know, what's the largest employment group at Amazon? Fulfillment center workers. Many of them, most of them who are probably with them for about a year or so. These are people who have very unstable healthcare, and are in and out. How do you solve problems for that range of people all the way over to the other spectrum of people at Berkshire Hathaway, which is old-line companies, often union, mid-western, southern. It's Burlington Northern Railways, with union railway workers. It is Acme Brick. It is Dairy Queen. They make stuff and that part of America is also not well served. And, then you get to JP Morgan Chase, where their largest employment group are bank tellers. So, you're talking about people at the 30th, 40th, 50th percentile of income. They fall between the people who get Medicaid and the people that get Medicare. They're paying the taxes for the people with Medicaid— that's better coverage than they can ever get. No co-pays, no premiums, no deductibles Typically in private sector employment, you're getting up to $1,000, $2,000 deductibles these days. So, these are people who are stressed as everybody else in the U.S. healthcare system (Gawande, 2018)

While Gawande sees this new position as a "tall freakin' order" and an opportunity to understand and learn from "ordinary America" "across the entire country," HealthCare Co. as a large, global and dispersed organization also has the ability to understand and learn about the health and wellness of "ordinary America"—from its executive populations all the way to its employees working on the factory lines. As such, HealthCare Co.'s "healthiest workforce," has the ability to extend beyond the organization's walls and into the larger communities. As Sheri, one director in the Corporate Health & Wellness Division explained: "For me, the cycle and the connection between the workplace and how much time you spend in the work environment was the perfect setting to have some interventions, very targeted interventions to impact population health" (personal communication, 15 February 2018).

Sheri never saw herself working in the private sector. A medical doctor by training, Sheri also obtained her Master's in Public Health—spending a great deal of time working with the Centers for Disease Control and Prevention (CDC) in Africa, and specifically, on HIV/AIDS-related health programs. Sheri eventually found her way back home and in need of a job:

> A mining company was looking for someone to help them on their global health strategy. And maybe as they were becoming global, they were worried about sustainability, global reports, initiatives, a lot to do with the Dow Jones Index and how are they treating employees' health. So, they called me, and they offered me a job. I was saying 'No way! I'm never going to work for the private sector, especially for a mining company!'... I was very much in the public health arena and very far away from the private sector. I actually had that feeling about the private sector back then that they were doing bad things for individual health" (Sheri, personal communication, 15 February 2018).

They offered Sheri the position, and after accepting the offer she rationalized her choice by saying, "'Okay, I need health insurance. I'm coming back [home]. I'm going to stay here [at the company] for one year and then I'll look for something else'" (personal communication, 15 February 2018). At the time, Sheri saw the private sector as a space that did more harm than good when it came to health. For Sheri, practicing medicine and delivering health care involved making an impact at the population level.

However, over the course of working at the mining company she became "fascinated by the possibilities" of putting her public health and medical training to use in an organizational setting. In fact, the workplace gave Sheri the perfect "controlled environment" to contribute to overall population health:

> If I start, for instance, a weight program with some of my employees they are going to come back the next day. If I was outside in a physician office or in the hospital setting, a clinic, they [patients] could come back or not. They can always disappear in some situations. But, now, I have almost a controlled environment and I can as an employer, I could control some of the things inside, at least, the setting and I could actually have some control in population health in a totally different way than outside of the work environment (ibid, 15 February 2018).

The "controlled environment" an organization provides allows employers to manage the health of employees but when the workday is done employees go home. The skills they learn in their workplace, the digital tools they continue to engage with to meet the goals of an organization-wide step challenge, for instance, or the calories they count as way to manage their eating behaviors for a final weigh-in during a weight-loss challenge inevitably bleed into

their personal life. These behaviors can change the behaviors of an employee's family, friends and loved ones. And, in the case of Gawande's Haven venture, influence the way healthcare and health interventions are done nation-wide.

However, these positive aspects of workplace health and wellness programs are not without their own set of problems. The mounting interest and rise in employee health and wellness initiatives in the U.S. result in an increase in the ways by which employees can be evaluated, monitored, and surveyed. These new conceptions of health mean that the company is able to define aspects of your life that extend beyond their workplace. It is not just about an employee's quality of work, their productivity levels, or how well they meet the objectives of their job, and their responsibilities in the role they play in the organization. When their health becomes a part of and tied to these work evaluation practices, the behaviors, and choices they make outside of their job in their personal lives, an employee's value is not just their professional capabilities, but their physical, emotional, mental, and spiritual capacity to work. For one member of the Corporate Health & Wellness Division, there is a fine line between helping employees manage their behaviors and judging their individual life choices and facilitating forms of "lifestyle discrimination":

> This is a danger of HealthyYOU and these types of activities. Whether you mean it to or not, I'm afraid it can do it. Even in a team challenge, especially where you have a corporate culture of competitiveness. So, it feeds into it. When we look at all the positives, there are always negatives that you have to try to face. And, to face them, you have to discuss them and get them out in the open (personal communication, 19 April 2017).

The quality of work becomes about the quality and state of their health and their bodies, which can lead to overall judgment of an employee's lifestyle. Furthermore, while these programs are offered to all full-time employees at HealthCare Co., many of them are targeting the white-collar employee population—those that have the ability to track via technology, those that do have access to the ability to buy healthy food options in a grocery store, and those that have

the time and support to participate and fully engage in the health and wellness services provided. Programs like ShiftFit for factory workers, onsite iPads and computers to access digital tools, like HealthyYOU, and onsite wellness professionals willing to walk through—question-by-questions—the HRA for those employees where English is their second language, do work to include the specific needs of certain employee populations. But, they require extra funds that managers need to approve (if they see the value), and they need to be scalable and equally distributed. As such, programs can facilitate lifestyle discrimination surrounding health, but they can also bleed into lifestyle discrimination surrounding the nature of an employee's work, their place in the organization, and even their socioeconomic status. Do employees experience this? In future research, I plan to include the voices of employees—conducting fieldwork on their experiences of and perspectives on health in the workplace.

And, it is not just the health of employees that are measured and evaluated. For HealthCare Co.'s CEO to declare that he does in fact have "the healthiest workforce" in 2020, he needs the numbers to prove it. Health outcomes of those employees receiving and engaging with health and wellness resources need to be accounted for and documented by those responsible for designing, implementing, and delivering them. Consequently, the pressure for the wellness teams (e.g. wellness professionals, campus and site leads) to "hit a number and check a box" and to tangibly prove their value to the organization, and its health may come at the expense of doing what they love to do: genuinely and attentively working with employee's individually and support them in their journey to reach their personal health goals (wellness professional, personal communication, 8 August 2017). "I can have reports that have great numbers on them, but nothing is shifting" (wellness professional, personal communication, 8 August 2017). Participation numbers, as illustrated in wellness professional's quarterly reports, might provide the data necessary to showcase the success or weakness of a program,

but what these numbers look like outside of the report—whether they foster sustained employee engagement with their health inside and outside of work—is hard to measure.

Health takes on new meanings when it enters the workplace. And, when it is coupled with wellness, employee health becomes an all-encompassing, ever-changing, and increasingly more intimate way of living, behaving, thinking, and working. "Health-and-wellness" at HealthCare Co. is about how much you exercise, what you choose to eat, your ability to manage stress and balance your work, life, and everything in between. But, it is also about your "capacity" to be "high-functioning in every way" (campus lead, CHWD, personal communication, 11 May 2017; manager, CHWD, personal communication, 9 March 2017). As such, to be an employee at HealthCare Co., and to be a "high-functioning" one, is to be productive, to be committed to the organization's values, and to work towards being a part of the "healthiest workforce in the world." It matters that HealthCare Co. is a healthcare company—their employee health and wellness programs and tools are not just resources for employees, but they can be packaged and sold to other organizations and consumer populations. In future research, I plan to examine what these programs look like in practice at organizations outside of the healthcare industry.

If the workplace becomes a health intervention incubator—a microcosm of America—and a potential "model" for what health might look like more broadly, healthcare could become more like work(care). When health goes to work, then work never ends.

REFERENCES

Abraham, J., & White, K. M. (2017). Tracking The Changing Landscape Of Corporate Wellness Companies. *Health Affairs*, *36*(2), 222–228.

Ajunwa, I. (2017). Workplace Wellness Programs Could Be Putting Your Health Data at Risk. *Harvard Business Review Digital Articles*, 2–5.

Austin, J. (1975). *How to Do Things with Words, 2nd ed.* (J. O. Urmson & M. Sbisà, Eds.). Cambridge, MA: Harvard University Press.

Ball, K. (2010). Workplace surveillance: An overview. *Labor History*, *51*(1), 87–106. https://doi.org/10.1080/00236561003654776

Barley, S. R., & Kunda, G. (1992). Design and Devotion: Surges of Rational and Normative Ideologies of Control in Managerial Discourse. *Administrative Science Quarterly*, *37*(3), 363–399. https://doi.org/10.2307/2393449

Bazylevych, M. (2011). Vaccination Campaigns in Postsocialist Ukraine: Health Care Providers Navigating Uncertainty. *Medical Anthropology Quarterly*, *25*(4), 436–456.

Borg, G. (1990). Psychophysical scaling with applications in physical work and the perception of exertion. In *Scandinavian Journal of Work, Environment and Health* (Vol. 16, pp. 55–58). https://doi.org/10.5271/sjweh.1815

Borg, G., & Löllgen, H. (2001). Borg's perceived exertion and pain scales. *Deutsche Zeitschrift Fur Sportmedizin*.

Burd, S. A. (2009, June). How Safeway Is Cutting Health-Care Costs: Market-based solutions can reduce the national health-care bill by 40%. *The Wall Street Journal (Online)*. Retrieved from https://www.wsj.com/articles/SB124476804026308603

Carpenter J, Crutchley P, Zilca RD, Schwartz HA, Smith LK, Cobb AM, P. A. (2016). Seeing the "Big" Picture: Big Data Methods for Exploring Relationships Between Usage, Language, and Outcome in Internet Intervention Data. *Journal of Medical Internet Research*, *18*(8), e241.

Conrad, P. (1987). Wellness in the work place: potentials and pitfalls of work-site health promotion. *The Milbank Quarterly*, *65*(2), 255–275. https://doi.org/10.2307/3350022

Conrad, P. (1988a). Health and fitness at work: A participants' perspective. *Social Science and Medicine*, *26*(5), 545–550. https://doi.org/10.1016/0277-9536(88)90387-5

Conrad, P. (1988b). Worksite health promotion: The social context. *Social Science and Medicine*, *26*(5), 485–489. Retrieved from http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=emed4&NEWS=N&AN=18055430%5Cnhttp://articles.sirc.ca/search.cfm?id=226524%5Cnhttp://search.ebscohost.com/login.aspx?direct=true&db=s3h&AN=SPH226524&site=ehost-live%5Cnhttp://search.ebscohost.com/logi

Conrad, P. (1994). Wellness as virtue: Morality and the pursuit of health. *Culture, Medicine and Psychiatry*, *18*(3), 385–401. https://doi.org/10.1007/BF01379232

Corbin, J., & Strauss, A. (1985). Managing chronic illness at home: Three lines of work. *Qualitative Sociology*, *8*(3), 224–247. https://doi.org/10.1007/BF00989485

County Health Rankings & Roadmaps. (2017, February 20). Sugar sweetened beverage taxes. Retrieved from http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/sugar-sweetened-beverage-taxes

Crawford, R. (1980). Healthism and the Medicalization of Everyday Life. *International Journal of Health Services*, *10*(3), 365-388. https://doi.org/10.2190/3h2h-3xjn-3kay-g9ny

Cropanzano, R., & Wright, T. A. (2001). When a "Happy" Worker Is Really a "Productive" Worker: A Review and Further Refinement of the Happy-Productive Worker Thesis. *Consulting Psychology Journal*, *53*(3), 182–199. https://doi.org/10.1037/1061-4087.53.3.182

de Hartog, J. J., Boogaard, H., Nijland, H., & Hoek, G. (2010). Do the health benefits of cycling outweigh the risks? *Environmental Health Perspectives*, *118*(8), 1109–1116. https://doi.org/10.1289/ehp.0901747

DeJoy, D. M., & Southern, D. J. (1993). An Integrative Perspective on Worksite Health Promotion. *Journal of Occupational Medicine, Official Publication of the Industrial Medical Association*, *35*(12), 1221–1230.

Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist*. https://doi.org/10.1037/0003-066X.55.1.34

Diener, E., Oishi, S., & Lucas, R. E. (2012). Subjective Well-Being: The Science of

Happiness and Life Satisfaction. In *The Oxford Handbook of Positive Psychology, (2 Ed.)*. https://doi.org/10.1093/oxfordhb/9780195187243.013.0017

Downey, G. L., & Dumit, J. (1997). Locating and Intervening: An Introduction. In G. L. Downey & J. Dumit (Eds.), *Cyborgs & Citadels: Anthropological Interventions in Emerging Sciences and Technologies* (pp. 1–29). Santa Fe, N.M: School of American Research Press.

Dumit, J. (2012). *Drugs for life: how pharmaceutical companies define our health*. Durham, NC: Duke University Press.

Emmons, R. A., & McCullough, M. E. (2003). Counting Blessings Versus Burdens: An Experimental Investigation of Gratitude and Subjective Well-Being in Daily Life. *Journal of Personality and Social Psychology*, *84*(2), 377–389.

Feltner, C., Peterson, K., Weber, R. P., Cluff, L., Coker-Schwimmer, E., Viswanathan, M., & Lohr, K. N. (2016). The Effectiveness of Total Worker Health Interventions: A Systematic Review for a National Institutes of Health Pathways to Prevention Workshop. *Annals of Internal Medicine*, *165*(4), 262–269.

Ferzacca, S. (2000). "Actually, I Don't Feel That Bad": Managing Diabetes and the Clinical Encounter. *Medical Anthropology Quarterly*, *14*(1), 28–50.

Fogg, B. (2009). A behavior model for persuasive design. In *Proceedings of the 4th International Conference on Persuasive Technology - Persuasive '09*. Claremont, California: ACM. https://doi.org/10.1145/1541948.1541999

Fogg, B. (2013). Fogg Method: 3 steps to changing behavior. Retrieved September 10, 2018, from http://www.foggmethod.com/

Fogg, B., & Hreha, J. (2010). Behavior wizard: A method for matching target behaviors with solutions. In *International Conference on Persuasive Technology.* Berlin, Heidelberg: Springer. https://doi.org/10.1007/978-3-642-13226-1_13

Foucault, M. (1977). *Discipline and punish: The birth of the prison*. (A. Sheridan, Trans.) (2nd ed.). New York, NY: Vintage Books.

Foucault, M., & Hurley, R. (1978). *History of Sexuality: Volume 1*. New York: Vintage Books.

Foucault, M., Senellart, M., Burchell, G., Ewald, F., Fontana, A., & Davidson, A. I. (2009). *Security, Territory, Population: Lectures at the Collège de France 1977-1978*. New York, NY: Palgrave-Macmillan.

Gavin, J. H., & Mason, R. O. (2004). The Virtuous Organization: The Value of Happiness in the Workplace. *Organizational Dynamics*, *33*(4), 379–392.

Gawande, A. (2018). A Conversation with Surgeon, Author, and Researcher Atul Gawande: Interview by Judy Woodruff. *The Aspen Institute*. Retrieved from https://www.aspenideas.org/sessions/a-conversation-with-surgeon-author-and-researcher-atul-gawande.

Gilbert, W. (1992). A Vision of the Grail. In D. J. Kevles & L. Hood (Eds.), *The Code of Codes: Scientific and Social Issues in the Human Genome Project*. Cambridge, MA: Harvard University Press.

Global Wellness Institute. (2018). *Global Wellness Summit: 2018 Wellness Trends*. Miami, FL.

Gochfeld, M. (2005). Occupational Medicine Practice in the United States Since the Industrial Revolution. *Journal of Occupational and Environmental Medicine*, *47*(2), 115–131. Retrieved from doi: 10.1097/01.jom.0000152918.62784.5a

Goetzel, R. Z., Henke, R. M., Tabrizi, M., Pelletier, K. R., Loeppke, R., Ballard, D. W., … Metz, R. D. (2014). Do workplace health promotion (wellness) programs work? *Journal of Occupational and Environmental Medicine*, *56*(9), 927–934. https://doi.org/10.1097/JOM.0000000000000276

Goetzel, R. Z., Pei, X., Tabrizi, M. J., Henke, R. M., Kowlessar, N., Nelson, C. F., & Metz., R. D. (2012). Ten modifiable health risk factors are linked to more than one-fifth of employer-employee health care spending. *Health Affairs*, *31*(11), 2474–2484.

Gregg, M. (2011). *Work's Intimacy*. Cambridge, UK & Malden, MA: Polity Press.

Hauck, K., & Chard, G. (2009). How do employees and managers perceive depression: a worksite case study. *Work*, *33*(1), 13–22.

Hollander, R. B., & Lengermann, J. J. (1988). Corporate characteristics and worksite health promotion programs: Survey findings from fortune 500 companies. *Social Science and Medicine*, *26*(5), 491–501. https://doi.org/10.1016/0277-9536(88)90382-6

Hull, G., & Pasquale, F. (2018). Toward a critical theory of corporate wellness. *BioSocieties*, *13*(1), 190–212. Retrieved from https://link-springer-com.proxy.library.cornell.edu/article/10.1057/s41292-017-0064-1

Kirkland, A. (2014). What Is Wellness Now? *Journal of Health Politics, Policy and Law*, *39*(5), 957–970. https://doi.org/10.1215/03616878-2813647

Kotarba, J. A., & Bentley, P. (1988). Workplace wellness participation and the becoming of self. *Social Science and Medicine*, *26*(5), 551–558. https://doi.org/10.1016/0277-9536(88)90388-7

Kronenfeld, J. J., Jackson, K. L., Davis, K. E., & Blair, S. N. (1988). Changing health practices: The experience from a worksite health promotion project. *Social Science and Medicine*, *26*(5). https://doi.org/10.1016/0277-9536(88)90384-X

Latour, B. (1999). A Collective of Humans and Non-Humans. In B. Latour (Ed.), *Pandora's Hope: Essays on the Reality of Science Studies* (pp. 174–215). Cambridge, MA: Harvard University Press.

Latour, B. (2005). *Reassembling the Social: An Introduction to Actor-Network Theory*. Oxford: Oxford University Press.

Latour, B., & Woolgar, S. (1979). *Laboratory life : the construction of scientific facts*. *Sage library of social research ; v. 80.* Beverly Hills: Sage Publications.

Levine, J. A. (2014). *GET UP! Why Your Chair is Killing You and What You Can Do About It*. New York: St. Martin's Press.

Lupton, D. (2016). Digital companion species and eating data: Implications for theorising digital data–human assemblages. *Big Data & Society*, *3*(1), 205395171561994. https://doi.org/10.1177/2053951715619947

Maizlish, N., Woodcock, J., Co, S., Ostro, B., Fanai, A., & Fairley, D. (2013). Health cobenefits and transportation-related reductions in greenhouse gas emissions in the San Francisco Bay Area. *American Journal of Public Health*, *103*(4), 703–709. https://doi.org/10.2105/AJPH.2012.300939

Maravelias, C. (2016). Faster, harder, longer, stronger – management at the threshold between work and private life: The case of work place health promotion. *Culture and Organization*, pp. 1–17. https://doi.org/10.1080/14759551.2016.1141414

Maravelias, C., & Holmqvist, M. (2016). 'Healthy organisations': developing the self-managing employee. *Int. J. Human Resources Development and Management*, *16*(1/2), 82–99.

Maslow, A. H. (1954). *Motivation and Personality*. New York, NY: Harper & Row, Publishers, Inc.

Maslow, A. H. (1962). *Summer notes on social psychology of industry and management at Non-Linear Systems, Inc., Del Mar, California*. Del Mar, Calif.: Non-Linear Systems.

Mattke, S., Liu, H., Caloyeras, J. P., Huang, C. Y., Busum, K. R. Van, Khodyakov, D., & Shier, V. (2013). *Workplace Wellness Programs Study: Final Report*. *RAND Health, a division of the RAND Corporation*. Santa Monica, CA. https://doi.org/10.1214/07-EJS057

Mayo Clinic Staff. (2017). Office exercise: Add more activity to your workday. Retrieved from https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/office-exercise/art-20047394

McCleary, K., Goetzel, R. Z., Roemer, E. C., Berko, J., Kent, K., & Torre, H. D. La. (2017). Employer and Employee Opinions About Workplace Health Promotion (Wellness) Programs. *Journal of Occupational and Environmental Medicine*, *59*(3), 256–263. https://doi.org/10.1097/JOM.0000000000000946

McCoy, L. (2009). Time, self and the medication day: A closer look at the everyday work of "adherence." *Sociology of Health and Illness*, *31*(1), 128–146. https://doi.org/10.1111/j.1467-9566.2008.01120.x

McGillivray, D. (2005). Fitter, happier, more productive: Governing working bodies through wellness. *Culture and Organization*, *11*(2), 125–138. https://doi.org/10.1080/14759550500091036

Mol, A. (2009). Living with diabetes: care beyond choice and control. *Lancet*, *373*(9677), 1756–1757. https://doi.org/10.1016/S0140-6736(09)60971-5

O'Connor, A. (2016, November 3). Putting Sugary Soda Out of Reach. *The New York Times*.

O'Neill, C. (2017). Taylorism, the European Science of Work, and the Quantified Self at Work. *Science Technology and Human Values*, *42*(4), 600–621. https://doi.org/10.1177/0162243916677083

Ovia Health. (2017). *Motherhood in America: 2017 Report*. *Motherhoodinamerica.com* (Vol. Sept.). Boston, MA. Retrieved from http://www.motherhoodinamerica.com/

Ozminkowski, R. J., Marlo, K., Ratelis, E., Van de Meulebroecke, J., Kichlu, R., & Serxner, S. (2016). Beyond ROI: Using Value of Investment to Measure Employee Health and Wellness. *Population Health Management*, *19*(4), 227–229. https://doi.org/10.1089/pop.2015.0160

Pels, P. (2000). The trickster's dilemma: Ethics and the technologies of the anthropological self. In M. Strathern (Ed.), *Audit Cultures: Anthropological Studies in Accountability, Ethics and the Academy* (pp. 135–172). London & New York: Routledge.

Pollitz, K., & Rae, M. (2016). Workplace Wellness Programs Characteristics and Requirements. Kaiser Family Foundation. Retrieved from https://www.kff.org/private-insurance/issue-brief/workplace-wellness-programs-characteristics-and-requirements/

Porter, T. M. (1995). *Trust in numbers: the pursuit of objectivity in science and public life*. Princeton, N.J.: Princeton University Press.

Power, M. (1997). *The Audit Society: Rituals of Verification*. Oxford: Oxford University Press.

Rigby, C. S., & Ryan, R. M. (2018). Self-Determination Theory in Human Resource Development: New Directions and Practical Considerations. *Advances in Developing Human Resources*. https://doi.org/10.1177/1523422318756954

Rojas-Rueda, D., De Nazelle, A., Tainio, M., & Nieuwenhuijsen, M. J. (2011). The health risks and benefits of cycling in urban environments compared with car use: Health impact assessment study. *BMJ (Online)*, *343*, d4521. https://doi.org/10.1136/bmj.d4521

Ross, C. (2018). As Atul Gawande steps into a risky health CEO role, here are five challenges he faces. Retrieved from https://www.statnews.com/2018/07/09/atul-gawande-health-ceo-risks/

Rucker, M. (2018). The Interesting History of Workplace Wellness.

Rydin, Y., Bleahu, A., Davies, M., Dávila, J. D., Friel, S., Grandis, G. De, … Lai, K. . (2012). Shaping cities for health: complexity and the planning of urban environments in the 21st century. *The Lancet*, *379*(9831), 2079–2108.

Schüll, N. D. (2012). *Addiction by Design: Machine Gambling in Las Vegas*. Princeton, NJ: Princeton University Press.

Schüll, N. D. (2016a). Data for life: Wearable technology and the design of self-care. *BioSocieties*, *11*(3), 317–333. https://doi.org/10.1057/biosoc.2015.47

Schüll, N. D. (2016b). Tracking. In C. A. Jones, D. Mather, & R. Uchill (Eds.), *Experience: Culture, Cognition and the Common Sense* (pp. 195–203). Cambridge, MA & London: MIT Press. Retrieved from https://www.natashadowschull.org/wp-content/uploads/2018/05/bookchap-experience-tracking.pdf

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive Psychology: An Introduction. *American Psychologist*, *55*(1), 5–14.

Shimer, D. (2018, January 26). Yale's Most Popular Class Ever: Happiness. *The New York Times*. Retrieved from https://www.nytimes.com/2018/01/26/nyregion/at-yale-class-on-happiness-draws-huge-crowd-laurie-santos.html

Shore, C., & Wright, S. (1999). Audit Culture and Anthropology: Neo-Liberalism in British Higher Education. *The Journal of the Royal Anthropological Institute*, *5*(4), 557. https://doi.org/10.2307/2661148

Shore, C., & Wright, S. (2000). Coercive Accountability: the Rise of Audit Culture in Higher Education. In M. Strathern (Ed.), *Audit Cultures: Anthropological Studies in Accountability, Ethics and the Academy* (pp. 57–88). London & New York: Routledge. https://doi.org/10.1038/378457a0

Shore, C., & Wright, S. (2015a). Audit Culture Revisited. *Current Anthropology*, *56*(3), 421–444. https://doi.org/10.1086/681534

Shore, C., & Wright, S. (2015b). Governing by numbers: audit culture, rankings and the new world order. *Social Anthropology*, *23*(1), 22–28. Retrieved from https://onlinelibrary-wiley-com.proxy.library.cornell.edu/doi/pdf/10.1111/1469-8676.12098

Silvester, J. A., Weiten, D., Graff, L. A., Walker, J. R., & Duerksen, D. R. (2016). Living gluten-free: Adherence, knowledge, lifestyle adaptations and feelings towards a gluten-free diet. *Journal of Human Nutrition and Dietetics*. https://doi.org/10.1111/jhn.12316

Soler, R. E., Leeks, K. D., Razi, S., Hopkins, D. P., Griffith, M., Aten, A., … Walker, A. M. (2010). A Systematic Review of Selected Interventions for Worksite Health Promotion. The Assessment of Health Risks with Feedback. *American Journal of Preventive*

Medicine, *38*(2S), S237–S262. https://doi.org/10.1016/j.amepre.2009.10.030

Song, Z., & Baicker, K. (2019). Effect of a Workplace Wellness Program on Employee Health and Economic Outcomes: A Randomized Clinical Trial. *JAMA*, *321*(15), 1491–1501. https://doi.org/10.1001/jama.2019.3307

Spee, P. A., & Jarzabkowski, P. (2009). Strategy tools as boundary objects. *Strategic Organization*, *7*(2), 223–232. https://doi.org/10.1177/1476127009102674

Star, S. L., & Griesemer, J. R. (1989). Institutional Ecology, "Translations" and Boundary Objects: Amateurs and Professionals in Berkeley's Museum of Vertebrate Zoology, 1907-39. *Social Studies of Science*, *19*, 387–420.

Strathern, M. (2000). *Audit Cultures: Anthropological Studies in Accountability, Ethics and the Academy*. (M. Strathern, Ed.), *European Association of Social Anthropologists*. London & New York: Routledge. https://doi.org/10.1038/378457a0

Tabor, B., & The Health Enhancement Research Organization-HERO. (2015, December 3). By the Numbers: Physical Inactivity.

Terry, P. (2016). Health and Happiness: Sides of the Same Coin? *Well-Being Practitioner (WBP)*, *Sep/Oct*, 4–5.

Thaler, R. H., & Sunstein, C. R. (2008). *Nudge: Improving Decisions about Health, Wealth, and Happiness*. New York, NY: Penguin Books.

Thaler, R. H., Sunstein, C. R., & Balz, J. P. (2014). Choice Architecture. In E. Shafir (Ed.), *The Behavioral Foundations of Public Policy* (pp. 428–439). Princeton & Oxford: Princeton University Press.

The Health Enhancement Research Organization-HERO. (2015). Movement, Inactivity and Workplace Effectiveness: A HERO CEO Brief on the Importance of Movement for Workforce Performance. *HeroHealth.Org*, *November*. Retrieved from https://hero-health.org/wp-content/uploads/2016/02/Movement_Inactivity_and_Workplace_Effectiveness_lowres.pdf

The National Association of City Transportation Officials- NACTO. (2017). *Bike Share in the U.S.: 2017*. New York, NY. Retrieved from https://nacto.org/bike-share-statistics-2017/

The Obama White House, & President Barack Obama. (2009). President Obama on Health Care Reform at the American Medical Association (AMA): June 15, 2009. Chicago: The Obama White House YoTtube Channel. Retrieved from https://www.youtube.com/watch?v=TTFzVY9qyQc

Till, C. (2018). Commercialising Bodies: Action, Subjectivity and the New Corporate Health Ethic. In R. Lynch & C. Farrington (Eds.), *Quantified Lives and Vital Data: Exploring Health and Technology through Personal Medical Devices* (pp. 229–249). London, UK: Palgrave MacMillan.

U.S. Department of Health and Human Services, 2018 Physical Activity Guidelines Advisory Committee, Office of Disease Prevention and Health Promotion, National Institutes of Health, Centers for Disease Control and Prevention, & President's Council on Sports, F. & N. (2018). *Physical Activity Guidelines for Americans* (2nd ed.). Rockville, MD: U.S. Department of Health and Human Services. Retrieved from https://www.hhs.gov/fitness/be-active/physical-activity-guidelines-for-americans/index.html

Wellness Council of America. (2019, February 2). WELCOA Summit 2019: Speakers. Retrieved from https://www.welcoa.org/welcoa-summit/2019-speakers/#sgrizont

Woodcock, J., Tainio, M., Cheshire, J., O'Brien, O., & Goodman, A. (2014). Health effects of the London bicycle sharing system: Health impact modelling study. *BMJ*, *348*, g425. https://doi.org/10.1136/bmj.g425

WOOPAAH. (2019, February 2). WOOPAAH Homepage. Retrieved from https://www.woopaah.com/

Zoller, H. M. (2004). Manufacturing health: Employee perspectives on problematic outcomes in a workplace health promotion initiative. *Western Journal of Communication (Includes Communication Reports)*, *68*(3), 278–301.